

UNITED STATES DISTRICT COURT for the Northern District
U.S. Courthouse
450 GOLDEN GATE AVENUE
SAN FRANCISCO, CA 94102-3483

FILED

AUG 20 2007

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

In Pro se

SSS
NW

CW

Malik Jones,
Plaintiff,

- against -

WARDEN MIKE EVANS
SERGEANT L. WASHINGTON, OFFICER D. LAMB,
OFFICER E. CONTRAS, OFFICE JANE DOE,
and counselor MARTINES, sued in
their individual and official capacities, et al.,

C 07 4277

Civil Rights Complaint (PR)
under 42 U.S.C. 1983 and

JURY TRIAL DEMANDED

Introduction

Defendants.

This is a civil rights action filed by MALIK JONES, a state prisoner, for damages and injunctive relief under 42 U.S.C. § 1983, alleging excessive use of force and denial of medical care, ~~in~~ and safety and security, in violation of the Eighth Amendment to the United States Constitution and 14th - Fourteenth Amendment Due Process clause to the constitution. The plaintiff also alleges the torts of assault and battery and negligence.

Jurisdiction

1. THE COURT HAS JURISDICTION OVER THE PLAINTIFFS' CLAIMS OF VIOLATION OF FEDERAL CONSTITUTIONAL RIGHTS UNDER U.S.C. § 1331 (a) and 1343.
2. THE COURT HAS SUPPLEMENTAL JURISDICTION OVER THE PLAINTIFF'S STATE LAW TORT CLAIMS UNDER 28 U.S.C. § 1367.

007-4277
CW

3. THE Plaintiff MALIK JONES WAS incarcerated at salinas valley state Prison (SVSP) durin EVENTS described in this complaint.
4. Defendant L. WASHINGTON is A correctional sergeant at salinas valley (EMPLOYED). HE is sued in his individual capacity.
5. Defendant D. LANB is A correctional officer employed at salinas valley. HE is sued in his individual capacity.
6. Defendant E. CONTRAS is A correctional officer employed at salinas valley. HE is sued in his individual capacity.
7. Defendant Jane Doe is A correctional officer employed at salinas valley, WHOSE NAME is presently unknown to Plaintiff. SHE is sued in her individual capacity.
8. Defendant MARTINES is a correctional counselor at salinas valley (EMPLOYED). SHE is sued in her individual capacity.
9. Defendant MIKE EVANS is the WARDEN at salinas valley state Prison, (EMPLOYED). HE is sued in his individual capacity.
10. Defendant BAILEY is a correctional officer employed at salinas valley. HE is sued in his individual capacity.
11. All Defendants HAVE acted and continue to act, under color of state law At all times relevant to this complaint.

4. STATEMENT OF FACTS

12. on July 7, 2006 Plaintiff was at correctional treatment center, etc or medical clinic. RECEIVING medication FROM Doctor BOWMAN.
13. DUE to back SPAMS that had gotten sever^{ER} DUE to lifting ITEM that WAS to HAVEY for Plaintiff to BE ATTEMPTING to left.
14. Prior to this Plaintiff also seen Doctor ROBLEGUZ, DUE to same Problem,
15. WELL Plaintiff WAS told ~~HE~~ WAS being transfered to High Desert stat Prison (HDSP) on 7-7-06
16. About A week befor this officer Bird came and told Plaintiff HE (Plaintiff) WAS on list for High Desert.

17. Plaintiff stated how could this be Plaintiff never got any endorsement PAPERS and high DESERT is A adverse transfer, and Plaintiff hasn't done anything wrong to warrant this. "SEE EXHIBIT (A) TAB 602" (NOT BEING TRANSFERRED)
18. Officer ~~Baird~~ Byrd worked on D-Yard several times, so he knew what Plaintiff was stating was true, stated Your right this doesn't make any sense.
19. So Plaintiff wrote Counselor Defendant Martinez, due to this also due to Defendant Bailey that work D-Yard building 2
20. Plaintiff and Defendant Bailey had gotten in to heated verbal altercations before even to the point wherein Defendant pushed Plaintiff out of his wheelchair.
21. Well Defendant Bailey made or some kind of way got a hold of false 1286 Chronol with fabricated information on Plaintiff stating Plaintiff was A child molester/had Lewd and/or Lascivious crimes against children. "SEE EXHIBIT (A) 1286 Chronol of 5-15-03"
22. Defendant Bailey passed this false 1286 Chronol out/around to other inmate that were transferring out to other prison, and to some that were staying at (SVSP) in order to get Plaintiff killed or seriously injured.
23. Defendant Bailey not knowing ~~and~~ so gave a copy of this 1286 he was passing around to other inmates, to A inmate named Edward Thomas that was in L.A. County Jail with Plaintiff same unit.
24. So this inmate knew Plaintiff knew what Plaintiff was in jail/~~Prison~~ Prison for and knowing it had nothing to do with children, gave Plaintiff this false 1286 and informed Plaintiff what Defendant Bailey was doing.
25. Plaintiff then confronted Defendant Bailey, his response to Plaintiff yeah this is going to follow you whatever prison you go to and you will be fucked up I.E. meaning killed or seriously injured.
26. Plaintiff ended up staying at (SVSP) D-Yard and with the help of Edward and a couple of other inmates, helped Plaintiff explain to most inmates on D-Yard that 1286 Chronol is false and Defendant Bailey was doing this to get Plaintiff killed or seriously injured.

27. So Plaintiff was safe for the most part at (SVSP) only because Edward THOMAS (or it could pronounced THOMAS EDWARDS) being at (SVSP) ~~at~~ At the time office/Defendant Bailey, passed out false 1286 chronol (SEE Exhibit (A) 1286 Chrono of 5-15-03)

28. Plaintiff states this. Due To while on Yard (D-Yard) ~~at~~ At (SVSP) Plaintiff was approached ~~at~~ several time by different inmates on different occasions, that stated ~~to~~ to Plaintiff Your lucky Edward or You would have been through I.E meaning killed or seriously injured, Also Plaintiff was suppose to be put up for transfer to A southern prison, ~~Plaintiff~~ Due to investigation that internal Affairs And I believe the office of inspetor General was conducting due to this And other illegal Actions officers were committing Against Plaintiff, Plaintiff was told it would be best to stay At (SVSP) And let investigation go on. (SEE Exhibit (A) Letter Jane Khan Also 602 Plaintiff wrote on transfer situation, SEE Exhibit (A))

Martines NEVER called Plaintiff in for interview nor EVER CAME to see Plaintiff, so Plaintiff figured these mistake had been corrected.

30. ^{did} Plaintiff know, Defendant Martines, didn't and WASN'T correcting anything. Defendant Martines was falsely telling my mother Doris Reed, when she was explaining situation to Defendant Martines.

31. That I WASN'T EVEN at (SVSP) so there is nothing she can do about situation, and I at (SVSP) in cell, about to come out of cell to get the phone from someone Plaintiff had call mother prior to coming out of cell.

32. So as priorly stated while at CTC ^(correctional treatment center) Plaintiff was told ^{his} ~~IM~~ going to (HDSP) Doctor Bowman came in treatment room, and stated to ^{Plaintiff} ~~me~~ I don't know what's these officers problem, but they told me not to stop you transferring your out of here.

33. Doctor Bowman knew Plaintiff was in pain and suffering from increased back spasm ^{TO} due ^{he} had just seen ^{Plaintiff} ~~me~~ a few days ago, and prescribed ^{Plaintiff} ~~me~~ medication.

34. Doctor Bowman then stated since officers or so adamant, on transferring you I going to give you some stronger medication that will help your back ^{SPASM} ~~SPASMS~~ and pain. SEE EXHIBIT (B) CDC 7221 DATED 7-7-06.

35. Doctor left out of room and about 10 minutes later, Defendants E. Contraz, D. Lamb, L. Washington and Jan Doe entered the room, where Plaintiff was at.

36. E. Contraz's stated to Plaintiff GIVE ME your chain and Plaintiff complied then ask for a property slip, and could he see a counselor or lieutenant.

37. Due to fact Plaintiff NEVER got any endorsement papers, I'm general population and I'm in 7 building where (B.P) inmate or suppose to be and I have safety and security concerns, "SEE EXHIBIT (A) 602 DATED 7-1-06, WITH SCREEN FORM DATE 7-7-06"

38. Defendants E. Contraz and L. Washington state to Plaintiff Fuck you, your property and your not seeing anyone.

39. This response from Defendant L. Washington didn't surprise Plaintiff. Due to prior to this Plaintiff WAS involved in incident with Defendant L. Washington

39. WHEREIN DEFENDANT L. WASHINGTON ATTEMPTED TO BREAK PLAINTIFF'S THEN WROTE PLAINTIFF A CDC 115 TO COVER HIS UP, AND STATED TO PLAINTIFF IF YOU STATE WHAT HAPPEN I'M GOING TO PUT YOU IN THE HOLE (ADMINISTRATIVE SEGREGATION) SEE EXHIBIT (B) CDC 115
40. WELL AFTER PLAINTIFF WAS DENIED THE RIGHT TO SEE LIEUTENANT OR A COUNSELOR, DEFENDANT L. ~~W~~ WASHINGTON STATED, ^{throw} ~~through~~ PLAINTIFF IN HIS WHEELCHAIR.
41. PLAINTIFF WAS THEN CUFFED SHACKLED AROUND ANKLES THEN WAIST CHAINED AROUND WAIST, AND WRIST.
42. PLAINTIFF WAS THEN SNATCH, PULLED AND THREW IN WHEELCHAIR, THEN TOOK OUT OF CTC. DEFENDANT D. LANG ATTEMPTED TO BREAK PLAINTIFF'S THUMB BY BENDIN IT IN WRONG DIRECTION.
43. THEN PLAINTIFF HEARD THROW HIM ON THE GROUND. PLAINTIFF WAS THREW ON GROUND, CAUSING PLAINTIFF TO HIT HEAD ON GROUND, CAUSING PAIN AND INJURY.
44. THEN PLAINTIFF WAS DRAG TO A VAN, THERE WERE TWO OTHER INMATES IN VAN THAT WERE WITNESSING OFFICERS ASSAULTING PLAINTIFF, ONE OF THE INMATES NAME IS BROWN.
45. DEFENDANTS REALIZED THIS. PLAINTIFF THEN HEARD SOMEONE STATE DRAG HIS ASS TO THE CAR. ONCE AGAIN DEFENDANT D. L. WASHINGTON ATTEMPTED TO BREAK PLAINTIFF'S WAIST.
46. PLAINTIFF WAS THEN ~~to~~ DRAG TO A CAR (WHILE BEING DRAG TO VAN AND OUT OF VAN TO CAR, THIS DRAGGING CAUSED PLAINTIFF TO SCRAP TOP OF HEAD CAUSING MORE PAIN AND INJURY TO HEAD.)
47. PLAINTIFF WAS THEN DRAG THREW BACK SEAT OF CAR BY NECK AND SHOULDER, AND WHILE PLAINTIFF WAS HALF WAY IN CAR DEFENDANT D. LANG USED CAR DOOR TO REPEATEDLY SLAM PLAINTIFF KNEES BETWEEN IT CAUSING PAIN AND INJURY.
48. THEN WHEN PLAINTIFF WAS ACROSS BACK SEAT OF CAR ONE OF DEFENDANTS SLAMMED CAR DOOR WITH FORCE, SO THAT IT WOULD HIT PLAINTIFF IN THE HEAD CAUSING PLAINTIFF MORE PAIN IN HEAD.
49. PLAINTIFF LAID ACROSS BACK SEAT OF CAR IN CHRONIC PAIN WITH MASSIVE HEAD ACHES FADING IN AND OUT OF CONSCIOUSNESS, WHILE BEING FORCIBLY TAKEN TO HIGH DESERT STATE PRISON (HDSPP)
50. PLAINTIFF REMEMBERS STOPPING ALONG THE WAY AND DEFENDANTS D. LANG AND JANE DOE FORCIBLY MADE PLAINTIFF SWALLOW A LIQUID SUBSTANCE LAUGHING STATING ITS YOUR MEDICATION.

51. This did not ~~mean~~ Doctor Bowman prescribed me Pill form medication, after this Plaintiff WAS AWAKEN by being pulled out of back seat of car.
52. Plaintiff heard Defendant D. Lang, E. Contrazs and Jane Doe Telling (HDSP) officers I WAS A PROBLEM. I believe to justify to officers that WASN'T in on forcibly bringing Plaintiff to (HDSP) why Plaintiff WAS BEING pulled out of back seat of car.
53. Also something that should be noted CAPTAIN J. Cummins At High Desert State Prison when he SEEN ~~me~~ ^{Plaintiff} and look in Plaintiff's central file (C-file) for PLACEMENT stated to Plaintiff, I don't know why you WERE SENT HERE.
54. Your 270 MEDIUM A, AND HAVE BEEN PROGRAMING AT (SUSP) Yard For 2 years with no PROBLEMS and WE don't EVEN HAVE ANY room For you HERE.
55. Plaintiff also informed CAPTAIN J. Cummins about assault and situation on how Plaintiff WAS forcibly made to come to (HDSP) J. Cummins WAS GOIN TO HAVE A 7219 MEDICAL REPORT DONE ON Plaintiff's INJURIES, BUT there WAS A OFFICER there that pulled coming to the side and PERSUADED him not to, ~~also~~ ⁵⁶ ~~56~~ HAZELTON WAS THEIR.
56. DEFENDANT MIKE EVEANS WAS CALLED AND information of Plaintiff situation WAS EXPLAINED. AND DEFENDANT MIKE EVEANS, SHOULD HAVE STOP THIS bias MALICIOUS and INDIFFERENT treatment that his staff AT (SUSP) COMMITTED against Plaintiff.
5. First claim for Relief (Eighth Amendment to U.S. Constitution)
"Federal cruel and Unusual Punishment"
57. Plaintiff realleges and incorporates herein by reference each and every allegation of Paragraphs (1) through (56) ~~(57)~~ ⁵⁶.
58. The unjustified and Penological unnecessary attack on Plaintiff "while Plaintiff WAS shackled ~~from~~ in full restraints" where
59. ~~where~~ Defendants L. Washington, D. Lang, E. Contrazs and Jane Doe snatch, pulled, drag and picked ~~up~~ Plaintiff up by chain he WAS shackled with and slammed to the ground. Defendant L. Washington bending wrist attempting to break it, AND Defendant D. Lang bending Thumb attempting to break it.

6a. Defendant Baltes for passing fabricated pass around
to other inmates transferring out to other prisons. And
some prisoners stay at (SVSP), so that Plaintiff
will get killed or seriously injured

61. Defendants M. EVEANS AND Martines (counselor) Being told by Plaintiff and Plaintiff mother Doris, that this transfer will put my safety and security ENDANGER and its an adverse transfer and Plaintiff have it done ANYTHING wrong to warrant this bias treatment. And Doing nothing to stop transfer. ←

second claim for Relief

(Fourteenth Amendment to U.S. Constitution)
"Federal Due Process / Equal Protection"

62. Plaintiff realleges and incorporates herein reference each and every allegation of PARAGRAPHS (1) through (56)

63. The unjustified and Penologically unnecessary Attack on Plaintiff BY Defendants L. WASHINGTON, D. LANG, E. CONTRAZS AND Jane Doe. Defendants Jane Doe AND D. LANG for forcing Plaintiff To swallow liquid substance falsely stating it was Plaintiff medication.

64. Defendants counselor Martines AND MIKE EVEANS Knowing about adverse transfer, AND Being told about FALSE 1286 Chrono (DATED 5-15-03) that Defendant Bailey made or some how got a hold of, that put Plaintiff safety and security ENDANGER, which Fourteenth Amendment U.S. Constitution

65. But Due to Edward THOMAS being AT (SVSP) at the time of FALSE 1286 Chrono Being passed out to other inmates transferring to other Prison AND some staying AT (SVSP) AND most of the inmates AT (SVSP) on YARD Plaintiff

66. AND most of the inmates AT (SVSP) on YARD Plaintiff was on, knew 1286 Chrono was false, AND WAS told what Defendant Bailey was doing.

Third claim for Relief

(State Tort Law / Assault and Battery)

67. The unjust Plaintiff realleges and incorporates herein by reference each and every allegation of PARAGRAPHS (1) through (56)

68. The unjustified and Penologically unnecessary Attack on Plaintiff, while Plaintiff was in full shackles (restraints),

III. Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

- SEE ATTACHED

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

-SEE ATTACHED-

DATED: _____

[Signature]
(Plaintiff's signature)

VERIFICATION
(optional)

I am the plaintiff in the above-entitled action. I have read the foregoing complaint and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true. I declare under penalty of perjury that the foregoing is true and correct.

Dated: _____

[Signature]
(Plaintiff's signature)

JURY TRIAL DEMAND
(optional)

I demand a jury trial for all claims for which a jury trial is allowed.

YES (☒) NO (☐) (check one only)

Dated: _____

[Signature]
(Plaintiff's signature)

(rev. 11/98)

where Defendants L. Washington, D. Langb, E. Contrazs and Jane Doe (repeatedly) snatched, pulled, dragged and slammed Plaintiff on ground with chains Plaintiff was shackled with.

69. Defendant L. Washington Attempting to break Plaintiff's wrist, by bending it even after it popped and Plaintiff was unable to move wrist.

70. And Defendant D. Langb bending thumb even after it popped and Plaintiff was unable to move thumb. Defendant D. Langb obviously attempted to break Plaintiff thumb.

Prayer for Relief

wherefore Plaintiff PRAYS for relief as follows:

1. For Defendants L. Washington, D. Langb, E. Contrazs and Jane Deliberate attack on Plaintiff, while he was in full restraints /constituting cruel and unusual punishment." As also knowing if transferred Plaintiff safety and security would be endangered, due to fabricated 1286 chronol and assaulting Plaintiff and not getting Plaintiff medical attention for injuries.
 2. Defendant Bailey pass out fabricated 1286 chronol to inmates transferring out to other prisons and to some staying at (SVSP) so Plaintiff will be killed or seriously injured, violated 8th & 14th Amendment to the constitution.
 3. Defendants ~~Mike~~ Mike EVANS, a counselor MARTINES, L. Washington, D. Langb, E. Contrazs and Jane Doe, not stopping transfer after Plaintiff and Plaintiff's mother Doris Reed informed them Plaintiff's safety and security would be put endanber if transferred, due to false 1286 chronol. Also Plaintiff never received any endosment PAPERS and transfer was and is adverse, and Plaintiff has done nothing wrong to warrant this. This violated Plaintiff's rights under the due process clause of the fourteenth Amendment to the U.S. constitution.
- Award compensatory DAMAGES in the following amounts.

1. \$300,000 jointly and severally against Defendants L. Washington, E. Contrazs, D. Langb and Jane Doe, for the physical and emotional injuries sustained as a result of Plaintiff being physically assaulted by them.
2. Against Defendant Bailey \$300,000, for the emotional and physical injuries sustained as a result of passing around false 1286 chronol to other inmates that will bet Plaintiff killed or ~~seaw~~ seriously injured.

3. 200,000 jointly and severally against Defendants M. EVANS and Counselor Martinez, for the Punishment and emotional and physical injury resulting from their denial of due process in connection with knowing by being informed by Plaintiff and Plaintiff's mother Doris Reed, Plaintiff being transferred would endanger Plaintiff's safety and security due to 1286 chronol. That Defendant Bailey passed around to other inmates transferring out to other prisons. Also Plaintiff never received ANY endorsement PAPERS and transfer was and is adverse and Plaintiff did nothing to warrant adverse transfer.

4. 100,000 jointly and severally against Defendants L. Washington, D. Lamb, E. Contreras and Jane Doe, for the Punishment and emotional injury resulting from their denial of due process in connection with knowing by being informed by Plaintiff that transfer would endanger Plaintiff's safety and security. Due to false 1286 chronol that is talked about in this complaint. Also that Plaintiff never received ANY endorsement PAPERS, And Plaintiff done nothing wrong to warrant adverse transfer.

Issue an injunction ordering M. EVANS, Counselor Martinez and L. Washington or their agents to:

1. Immediately arrange for Plaintiff to be transferred down south to a prison that closer to southern California, where Plaintiff has family support to help Plaintiff deal with emotional and physical injury in connection with the facts of this complaint, and/or transferred back to (SVSP) to await ~~transfer to a~~ ^{transfer to a} Southern Prison if their no room at the time. AS most of (SVSP) inmates ~~know~~ knew 1286 chronol was false and Plaintiff was safe there for the most part.

Award Punitive Damages in the Following Amount

1. 150,000 each against defendants L. Washington, D. L. A. B. E. CONTRAZS and Jane Doe.
2. 100,000 each against defendants ~~L. Washington~~ M. EVANS, counselor martines and Bailey.
3. For such Further relief as this court deems just, proper and Plaintiff is entitled.

Plaintiff MALIK Jones hereby Demand a
Jury trial on these issues

Respectfully submitted...

malik Jones K-09065

IN PRO SE

High Desert State Prison

P.O. BOX 3030

SUSANVILLE, CA. 96127

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Jones CDC #: K-09065 CDC HOUSING: D7-117

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input checked="" type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

CDCR is experiencing severe bed shortages.
All inmates are provided documentation regarding
their housing status (1286s). No adverse
effect demonstrated.

DELIVERED JUN 24 2008


Eloy Medina, CC-II
Appeals CoordinatorNOTE SEE BACK OF SCREENING
FORM.

Date:

7/17/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

AS STATED in 602 This will put G.P. inmates
safety and security in SEVERE DANGER This 602 NEEDS TO
be filed and given log# ASAP, "and granted"

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category 9

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME

D-Facility G.P D7-(B&C) Section

NUMBER

K01065

ASSIGNMENT

D-Facility D7-(B&C) Section

UNIT/ROOM NUMBER

D7-(B&C)

A. Describe Problem: G.P inmate's at SVSP who are housed in D7 unit are being mistakenly labeled as "SNY" simply because Prison Officials have designated D7-unit as a "Protective Housing Unit" under CCR title 15, #3341.5 (a) which puts a false label on all D7 GP inmate's abroad. All "SNY" inmate's are suppose to be placed in their own housing units that are not combined with GP inmate's who are the primary reason for such seperation! Prison Officials now become liable for any false rumors that can develope into incidents against G.P inmate's housed in D7. This "602" serves as a Group Appeal.

If you need more space, attach one additional sheet.

RECEIVED JUL 17 2006

(See Attached Signatures)

B. Action Requested: For the Warden to rehouse all "SNY" inmate's from out of D7 housing unit ASAP to avoid a major liability among G.P inmate's being mistakenly identified as "SNY" elsewhere! AND THE Ad-Seq To Leave The Building

Inmate/Parolee Signature: _____

Date Submitted: 6/30/06

C. INFORMAL LEVEL (Date Received: _____)

DELIVERED JUN 24 2006

Staff Response: _____

REC'D OCT 13 2006

Staff Signature: _____

REC'D NOV 14 2006

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____


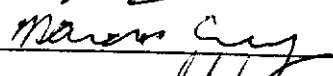
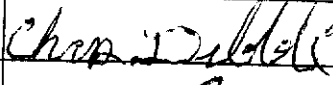

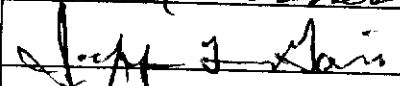

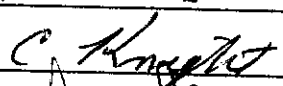
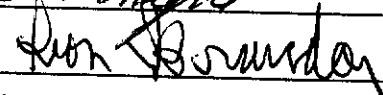
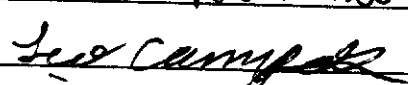
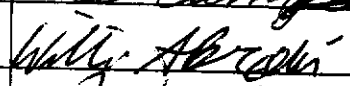
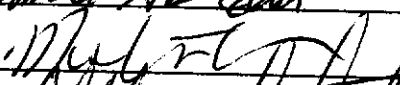
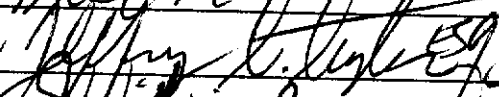

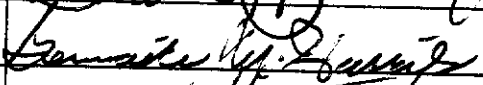
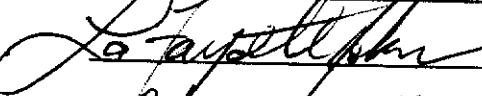
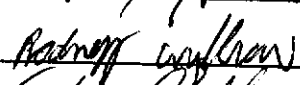

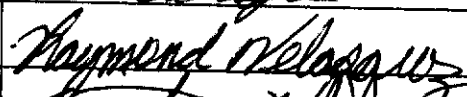
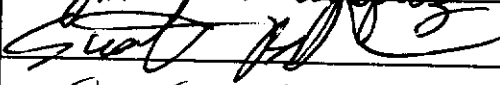
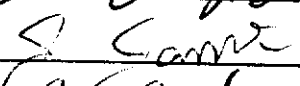
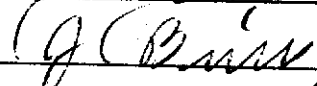
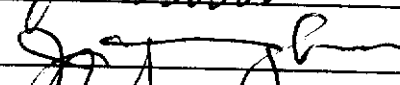

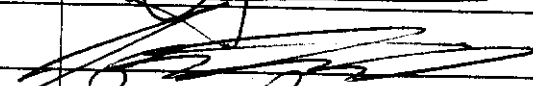

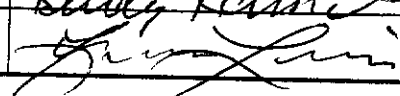
Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



ATTACHMENT TO CDC 602 GROUP GRIEVANCE LIST OF ALL THE PARTICIPATING
INMATES' NAMES, THEIR SIGNATURES, THEIR DEPARTMENTAL
IDENTIFICATION NUMBER, AND THEIR HOUSING QUARTERS.

PRINT NAME	SIGNATURE	CDC NUMBER	HOUSING UNIT
MATIK JONES		K-09065	D-7-117
CURRY		P74528	D7126
C. DIBBLE		P-29078	D7-221-U
M. Robinson		H-48608	D-7-237
GAINES JEFFREY		H-77582	D-7-217
Shedeick		K-64435	D-7-115
KNIGHT, C		C07508	D7-114
BRANDON		H-91536	D7-117-L
Campos		V39489	D7-216
ABOVE		P-27726	D-7-220
Tucker		S-16674	D7-129
Taylor Jeffrey		D-41755	D-7-115
Smith B		K-71165	D-7-131
James Hays		P-60566	D-7-124
Lafayette Johnson		H-14885	D-7126
RAYMOND WILLIAMS		K77155	D7-227
Victor Collette		H-72904	D7-131
VELASQUEZ, RAYMOND			D7-215-L
Breckenridge		H-23357	D7-230
J. JAMES		J-57241	D7-227
J. BRIGGS		P06725	D7-221
J. Cunningham		D-41239	D-7-120
C. JENKINS		P-81247	D-7-227
J. TURKLE		P-36717	P-7-228
Rudy Ramos		H03486	D-7125
F. LELEI		P-67909	D7-125

APPEALS SCREENING FORM

TO: Jones 1209065 11/11
 NAME CDC NUMBER HOUSING

PER CCR TITLE 15 SECTION 3084.3, SCREENING APPEALS

- ☐ 1. The action or decision being appealed is not within the jurisdiction of the department. Per CCR 3084.3(c)(1)
☐ Submit BPT-1040 directly to the Records Office.
☐ Submit directly to your Parole Region.
- ☐ 2. You have submitted a duplicate appeal containing the same issue. Per CCR 3084.3(c)(2)
☐ Your first appeal is currently under review at the _____ level. Log # _____
☐ Your first appeal has been completed at the _____ level. Log # _____
☐ Your first appeal was screened-out and returned to you with instructions.
- ☐ 3. The appeal concerns an anticipated action or decision. Per CCR 3084.3(c)(3)
- ☐ 4. You have not attempted to resolve the grievance at the informal level. [Per CCR 3084.3(c)(4)]
 Obtain an informal response by sending your appeal directly to:
☐ The Property Officer (R&R) ☐ The Staff member(s) You Refer To _____ ☐ The Clothing Room
☐ Your Counselor ☐ Unit Staff ☐ Food Services
☐ Inmate Assignment ☐ Trust Office ☐ The Mailroom
☐ The Medical Department ☐ Other _____ ☐ Records Office
- ☐ 5. The appeal is incomplete or necessary supporting documents are not attached. (If necessary, you may obtain copy(ies) of requested documents by sending your request with a signed trust withdrawal form to the Records Office.) Per CCR 3084.3(c)(5)
☐ CDCR 115 Hearing Officer's results and Supplemental Reports (entire completed 115.) ☐ CDCR 128G ICC/UCC/CSR
☐ CDCR 839/840 Class/Reclass Score Sheet ☐ CDCR 114D Lock Up Order
☐ Attach copy of CDCR-1819 (Notice of Disallowed Mail Form)
☐ Complete/Sign/Date the CDCR-602 section(s) _____ return to ☐ appeal's office ☐ see above.
☐ Remove excess attachments and attach only (1) additional written page (front and back), per DOM 54100.
☐ Receipts: ☐ CDCR 143 Prop Transfer Receipt ☐ Cell Search Slip ☐ CDCR-1083 ☐ _____
- ☐ 6. 15-Day Time limit for submitting the appeal is exceeded and the appellant had the opportunity to file within the prescribed time constraints. Per CCR 3084.6(c) and 3084.3(c)(6) _____ / _____
- ☐ 7. The appeal is filed on behalf of another inmate or parolee. Per CCR 3084.3(c)(7)
- ☒ 8. Abuse of the Appeal Process:
☐ Inappropriate Statements. An appeal containing false information, profanity, or obscene language shall be rejected, per California Code of Regulations CCR 3084.4(b).
☐ Excessive Verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous unrelated documentation, per CCR 3084.4(c).
☐ Lack of cooperation. Refusal to interview or cooperate with reviewer shall result in cancellation of the appeal, per CCR 3084.4(d):
☐ Failure to sign CDCR-1858 as required
☐ Failure to return a completed copy of CDCR-115 as requested
☐ Failure to return signed and dated CDCR-602 as requested
☐ Other _____
☐ You have not reasonably demonstrated that your appeal issue(s) has adversely affected your welfare, per CCR 3084.1(a).
☒ This is a request for information; it is not an appeal. Use form GA-22, Inmate Request for Interview.
☐ You may only submit one (1) non-emergency appeal within a seven-calendar day period. Per CCR 3084.4(a)(1-4)
☐ You are attempting to change your original appeal issue.
- ☐ 9. Other
☐ Staff complaints shall not be combined with other appeal issues, per administrative bulletin 05-03.
☐ You have more than one issue in your appeal that cannot be addressed by one department. One issue per appeal.

You can contact your counselor and maybe he can get a copy of the 1st level response from your C-File. We do not have appeal in HDSP Appeals office because it is from SVSP.

S. BABICH / M. DANDLER
 Appeals Coordinator

"NOTE I TRIED THIS. I WAS FALKER ON DEAF EAR. WHICH IS WHY I WROTE THE 602"

SEE REVERSE FOR ADDITIONAL INSTRUCTIONS
 PERMANENT ATTACHMENT

DATE 11.29.06

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

10 Legal

2. _____

2. _____

Processing Appeals

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

EMERGENCY APPEAL PER 3084.7 (a)

NAME <u>MI. JONES</u>	NUMBER <u>K-09065</u>	ASSIGNMENT	UNIT/ROOM NUMBER <u>D-7-111</u>
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A. Describe Problem: I received 602 back on 11-23-06 ^{LOG#} SUSP C06-02436 when I received this 602 it was missing first level response I have no idea what it states I need these documents. Then it state on 602 Denied, CANCELLED and TIME constraints not met. This is show blatant BIASNESS toward my appeal if TIME constraints wasn't met it would have NEVER got log# Then Denied then CANCELLED and the first level response is missing when I receive it so I have no idea what it states.

If you need more space, attach one additional sheet.

B. Action Requested: DUE TO THE TRUE FACTS STATED ABOVE I BEG GIVEN THESE first level response documents, my 602 be processed and GRANTED referring to 602 log# SUSP C06-20436

Inmate/Parolee Signature: [Signature]Date Submitted: 11-26-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: Received

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

NOV 28 2006

HDSP Appeals

Date Submitted: _____

CDC Appeal Number: _____

S/O 11-29-06

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Jones CDC #: K-09065 CDC HOUSING: CS-107

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S): HDP

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input checked="" type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.


 Roy Medina, CC-II
 Appeals Coordinator

(NOTE)


"Missing Further Information
 When I receive it have no idea what it
 states"

Date: 8/8/06

- See BACK of Screening Form-MCO

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation in a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

THIS IS A BLATANT ATTEMPT TO BRING MY CURRENT FINANCIAL SITUATION
AS CLAIM WASNT MET ITS NOT THE FAULT OF JONES K-09065 AND BLX WOULD HAVE
NEVER GOTTEN A 100% SO FOR MY 602 NEEDS TO BE GRANTED AND OFFICERS INVOLVED IN ASSAULTING
ME DOWN SIZE WITH NO BENEFITS.

MARION JONES K-09065
11-23-06


I WAS TOLD TO MAKE COPY OF 602 AND SEND YOU THE ~~orig~~ original so that it
will get process correctly at your prison.

- THANK YOU IN ADVANCE -

K-09065 Malik Jones
DATE 7-25-06
Mj

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

2.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

EMERGENCY APPEAL PER 3084.7 (2) Staff Complaint transportation

NAME M. JONES	NUMBER K-09065	ASSIGNMENT ✓	UNIT/ROOM NUMBER C-5-107
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A. Describe Problem: This is a citizens complaint pursuant to Title 15, DOM, 33511 ETC. This act violated my constitutional rights per 8th Amendment cruel and unusual punishment and 14th Amendment due process clause. ON 7-7-06 WRITER WAS ASSAULTED BY SEVERAL OFFICER MAINLY OFFICER FROM TRANSPORTATION TEAM AT SVSP. THE NAMES WRITER REMEMBER THAT ~~THE~~ ^{ASSAULTED} ME IS DILANG, E. CONTRAS, AND SERGANT WASHINGTON AFTER SEEING DOCTOR BOWMAN RECEIVING MEDS TO HELP BACK SPAIN THAT I HAD PREVIOUSLY BEEN HAVING TROUBLE WITH FROM ATTEMPT TO LEFT ITEM THAT WERE TO HAVE (I'm in wheelchair). WELL WHILE LAYING IN BED IN ER I WAS TOLD MY TRANSPORTATION RIDE ABOUT TO LEAVE AND THEY OR GOING TO MAKE ME GET ON VAN. OFFICER E. CONTRAS TOLD ME TO GIVE HIM MY WATCH AND CHAIN WHICH I DID.
 If you need more space, attach one additional sheet.

SEE ADDITIONAL SHEET **REC'D AUG 08 2006**

B. Action Requested: Due to the true facts stated above officers involved be disciplined for wrongly assaulting me, AND I receive a incident report that should have been done the DATE 07-7-06 WHEN WRITER WAS ASSAULTED BY OFFICERS AFTER SEEING DOCTOR AT CTC. AND BE GIVEN REASON WHY I WAS TOLD ^{AND} TO BE FULLY MADE TO TRANSFER TO HDSP, WITHOUT BEING ABLE TO SEE COUNSELOR OR LIAISON. AND BE DOWN SIZED WITH NO BENEFITS.
 Inmate/Parolee Signature: [Signature] **REC'D AUG 08 2006** Date Submitted: 7-25-07 ^{← ?}
 -06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: **REC'D NOV 14 2006**

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

TO WARDEN OF (SVSP) MIKE EVANS

CANCELLED

RECEIVED SEP 21 2006

REC'D SEP 27 2006

First Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 8/21/06Due Date: 9/20/06Interviewed by: SEE ATTACHEDStaff Signature: [Signature]Title: LTDate Completed: 9/14/06Division Head Approved: [Signature]Title: CMR

Returned

Signature: [Signature]Date to Inmate: 9-16-06

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

602 WAS MISSING FIRST level respons when I received it. I have NO IDEAL what it states. This 602 is
True, fact and correct and NEED to be granted and OFFICERS INVOLVED in ASSAULTING ME 7-7-06 NEED
to BE DOWN SIZED with NO BENEFITS.

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: _____

more severe due to me attempting to left a item that was to havey for me, I just send. Rodriguez due to upper back spasms. up, security
 To be lifting transportation staff came in room I was in ~~after~~, ~~after~~
~~Tell~~ Telling Doctor not to stop or try to stop transfer. This transfer
 WAS to high desert and was suppose to be stoped, as I never ask to
 go to high desert (HDS) and I ~~did not~~ ^{didn't} do anything wrong to be given an
 adverse transfer which (HDS) is, I had already wrote counselor martines
 and had mother call, I was never seen or called in for interview so I figured it
 WAS stoped, but it WASN'T, counselor martines WAS falsely telling my mother
 I WASN'T AT (SVSP) any more so it was nothing she could do, the warden
 WAS also told this and it fell on deaf ears. (psychologist even called counselor about this, martines didnt
 care.)
 Also WAS explain to counselor martinas and warden that due to ^a officer name
 Bailey falsifying or some kinda way having a 1286 chronol typed up on me
 or getting a hold of ~~me~~ this false 1286 chronol which falsely stated I WAS A
 child molester/had crimes against children "Lied". Bailey passed this 1286
 around to other inmates transferring out to other prison and some staying
 AT (SVSP) but didn't know that one of the inmates he gave this false 1286
 chronol to, knew me WAS in LA. county jail with me, same unit and knew
 I WAS not in prison for anything that has to do with children, so this
 inmate named EDWARD THOMAS gave this fabricated document to me
 and ^{told} me what office Bailey WAS no doubt doing. passing around false
 document to set me kill or seriously injured, only thing that saved me
 AT (SVSP) yard WAS EDWARD THOMAS being ^{there at the time} with him most of the yard
 knew 1286 chronol WAS false, as he help me explain this to most of the yard.
 I attempted to ask to see a Lt or counsel, also attempted to explain
 this to officers. Officers ^{didn't} care I WAS pulled, snatched, and then threw
 in wheelchair, and the assault didn't end their and then whole time I WAS
 being assaulted I WAS fully chained up waist ^{and wrist} and ankle ^{shackled} ~~shackled~~.
 pushed and ~~dragged~~ ^{dragged} of ~~out~~ ^{out} then threw on ground causing me to hit my head and injure it
 then I WAS ^{two} dragg^{ed} and threw in VAN, where it WAS ^{two} inmates witnessing me being
 assaulted. After Sgt L. Washington bent my left hand back until my wrist popped and I couldn't
 move it. D. Lang also did this to my thumb while snatching ^{me} pulling me out of bed. I WAS then
^{dragged} ~~dragged~~ to a car causing top of head to scrap ground injuring head even more, I WAS then
 dragg^{ed} by neck and shoulders ^{threw} ~~threw~~ back seat of car, and while half way in

CAR D. LANG ~~people~~ SLAMMED my Doors in ~~the~~ ^{ED} door several times. I ~~then~~
remember ~~leaving~~ the then car door WAS SLAMMED on my head. I then felt
CAR move OFF while I lay across back seat in chronic pain. Then I
remember stopping AND D. LANG AND his PARTNER A Female officer forcing
me to drink A liquid substance LAUGHING stating its your meds. I also
remember fading in and out of consciousness with chronic head head Aches.
I WAS AWAKENED by being pulled out of back seat At (H)SP) Even when
Captaining J. Cumming (placement captain) look in C-File he stated we dont
Even have room for you here, I dont now ^{why} ~~they~~ they sent you here, your from
down south ^{AND} have several hardships in ^{yourc- your} file 270 AND medium A. Captain ALSO
WAS GOING TO DO A 7219 on injuries AS we didnt ^{ED} see one in file,
but there WAS A officer in RTR that ~~persuaded~~ him not to.
ALSO TO BE NOTED SERGEANT L. WASHINGTON ATTEMPTED TO break my wrist by
DOING THIS SAME CRIMINAL ACT before, HE TOLD ME IF I report it HE WOULD
HAVE ME PUT IN A NOISE AND WRITE ME UP FOR ASSAULT ON OFFICER, SO IN A FEAR OF
this I didnt say anything about it At the time.

INMATE / PAROLEE APPEAL SCREENING FORM

INMATE: Jones CDC #: K09065 CDC HOUSING: C5-101 CDCR-695

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR REASONS NOTED BELOW OR RETURNED TO MORE INFORMATION OR FOR YOU TO ATTACH SUPPORTING DOCUMENTS.

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

- | | |
|---|--|
| <input type="checkbox"/> Requested Action Already Taken | <input type="checkbox"/> Requested Appeal Withdrawn |
| <input checked="" type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Appeal Previously Received and Processed |
| <input type="checkbox"/> Appealing Action Not Yet Taken | <input type="checkbox"/> Incomplete 602 – Complete Next Appropriate Section |
| <input type="checkbox"/> Incomplete Appeal – Documents Not Attached | <input type="checkbox"/> Incomplete 602 – Sign and Date Appropriate Section |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> Incomplete Disciplinary Appeal – Missing Documents* |
| <input type="checkbox"/> Appeal Process Abuse – Inappropriate Statements | <input type="checkbox"/> Incomplete Property Appeal – Missing Documents* |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Failed to Provide Necessary Copies of Chrono(s)* |
| <input type="checkbox"/> Action / Decision Not Taken By CDCR | <input type="checkbox"/> Appeal Process Abuse – Pointless Verbiage |
| <input type="checkbox"/> Action Sought Is Under Sentencing Court Jurisdiction | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Submit Issue to Assigned Parole Office | <input type="checkbox"/> Attempting to Change Original Appeal Issue |
| <input type="checkbox"/> Appeal Matter to VCGCB | <input type="checkbox"/> Not Authorized to Bypass Any Level |
| <input type="checkbox"/> DRB Decisions Are Not Appealable | <input type="checkbox"/> Appeal Issue & Reasonable Accommodation Not 1824 |
| <input type="checkbox"/> Request for Interview; Not an Appeal | <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues |
| <input type="checkbox"/> More than one issue –one issue per appeal | <input type="checkbox"/> Emergency Not Warranted-CCR 3084.7 |
- [] Not a Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362, Health Care Services Form, and send it to the Medical Department for an appointment. If necessary, sign up for sick call.**

PLEASE ATTACH AS NOTED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> CDC 115/Hearing Officer's Results | <input type="checkbox"/> CDC 128C Medical Chrono |
| <input type="checkbox"/> CDC 115 with IE/DA information | <input type="checkbox"/> CDC 1819 Denied Publications |
| <input type="checkbox"/> Supplemental Reports to CDC 115 | <input type="checkbox"/> CDC 128 A |
| <input type="checkbox"/> CDC 1030 Confidential Disclosure | <input type="checkbox"/> CDC 128 B |
| <input type="checkbox"/> CDC 114D Lockup Order | <input type="checkbox"/> CDC 143 Property Transfer Receipt |
| <input type="checkbox"/> CDC 128G ICC/UCC | <input type="checkbox"/> Cell Search Slip |
| <input type="checkbox"/> CDC 128G CSR Endorsement Chrono | <input type="checkbox"/> Receipts |
| <input type="checkbox"/> CDC 839/840 Class/Reclass Score Sheet | <input type="checkbox"/> Qtr. Pkg. Inventory Slip |
| <input type="checkbox"/> CDC 7219 Medical Report | <input type="checkbox"/> Trust Account Statement |
| <input type="checkbox"/> Other: SEE COMMENTS BELOW | <input type="checkbox"/> Property Inventory Receipt |

Comments: You may write on back of this form to clarify or respond to the above.

4
T. Vanz, Correctional Counselor-II
Appeals Coordinator
Salinas Valley State Prison

REC'D DEC 04 2006

Date: 10/31/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

10

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Processing Appeals -

NAME <u>M. Jones</u>	NUMBER <u>K-09065</u>	ASSIGNMENT	UNIT/ROOM NUMBER <u>C-5-107</u>
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A. Describe Problem: This is a citizens complaint pursuant to penal code 8.325 143.8 "in part" 3004 (A) (B) and C 3122, 3281, 3391 ETC AND VIOLATION OF my rights "constitutional" 8th Amendment (Cruel and unusual punishment) 14th Amendment (due process & equal protection clauses) on 7-7-06 I WAS MALICIOUSLY ABUSED by officers the ones I rember or transporting officers of that day the female officer's name I don't recall the other officers names are E. CONTRAZS, D. LANG and L. WASHINGTON after receiving some meds from Doctor Brown, for back pain and spasms that I deal that had be come
If you need more space, attach one additional sheet. - SEE ADDITIONAL sheet -

B. Action Requested: THAT this officers need to be down sized with no benefits due to this malicious, deliberate, indeliberant attack they committed on me.

RET'D DEC 04 2006

Inmate/Parolee Signature: _____

REC'D OCT 01 2006
ISSUED: 10-17-06

C. INFORMAL LEVEL (Date Received: _____)

DELIVERED DEC 14 2006

Staff Response: _____

DUPLICATE 06-2436

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



more severe. Do to me lifting an object that was to heavy for me. After Doctor left out of room I was in. Officers came in about 10 minutes later. (prior to this Doctor Bowman came in room and stated to me I don't know what it is but Sgt/Officers want you gone they told me I better not attempt to stop transfer, so I'll give you some medication that will help put pain at ease) I informed officers and sergeant of transportation staff I need to talk with head counselor Lt/Cpt to ask why I'm being forced to (HOSP), I never ask to be transferred there and I never was given any endorsement papers stating this, why I was being sent there. Also do to my safety and security, due to officer Bailey, worked D-yard & building passing out false info to other prisoners transferring out to other prisons and some staying at (SUSP) knowing it would get me killed, seriously injured, follow me where or what ever prison I go to, put my safety and security endanger the rest of my time in prison, and ~~may~~ maybe beyond.

this false info I talk about, was on a 1286 chrono and stated I was a child molester/hit low acts against children. Only thing that saved me at (SUSP) yard I was on, is prisoner that was in LA county jail, same unit I was, ~~off~~ (when I was in LA county jail before coming to prison) officer Bailey not knowing this gave this prisoner a copy of false 1286 chrono. Either do to prisoner (Thomas) knowing 1286 chrono was false (do to the priority stated of him being in LA county jail when I was knowing what I was in prison for) gave false 1286 to me and explained to me what % Bailey was doing. so I confronted bailey and he stated to me yeah Jones now what ever prison you go to, this will follow you and you will be fuck up, I.E killed or seriously injured. Well like priority stated I stayed at (SUSP) yard and the only thing that saved me there was do to prisoner Thomas being there at the time this happen, and help me explain to most of prisoner on yard at (SUSP) I was on that 1286 chrono is false. I state this as fact due to while on yard at (SUSP) several prisoner on several different occasion approached me, and stated your lucky Thomas was here, our you would've been through I.E killed or seriously injured.

As officers didn't care about me being in pain, or that due to my mobility be limited already due to spinal trauma, and I have to use wheel chair to help me get around. I was told I wasn't seeing any body, (I wasn't surprised at this response from Sgt Washington due to I was in prior incident with Sgt wherein he attempted to break my wrist before, then told me I better not say anything about incident or he will put me in hole/AD-se6 for assault on officer, so in fear of this I didn't say anything, it should be a incident report in C-file on this) then I was snatched out of bed, and threw in wheel chair (officer D. Lang pullin left thumb back until it popped, and I couldn't move it) this was at CTC, (before I snatched out of bed I was shackled ankles chains and waist chained). I was pulled choked and swung around by chains like a rag doll which caused ^{me} more pain & injuries. Then took outside of CTC, threw on ground which caused me to bump head on ground, causing head to throb. in pain, then pulled in van, there were to other prisoners in van which was seeing this so Sgt stated drag his ass to car. (one of prisoners names ^{that was} in van is Brown). I was dragged causing top of head to scrap the concret (causing pain and injury) then I was dragged

by neck and shoulders through back seat of car while going in back seat officer D. LANG intentionally repeatedly slammed car door on my knees (causing pain and injury). Then when I finally was put in car door of car was intentionally slammed so that it would hit me in head with force.

While being forced to high desert, I lay across back seat of car, fading in and out of consciousness with chronic headaches and pain. Then I remember officer D. LANG and his partner a female officer forced me to drink a liquid substance, stating to me it was my medication "hushing". Next thing I remember is being awakened by being pulled out the back seat of car put in wheelchair at (HOSP) due to I remember doctor Bowman prescribe me pill form medication, and officers making me drink liquid substance didn't seem nor feel right while at high desert in front of some other staff at (HOSP) I ask officer from (SVSP) for meds and was given pills, officers from (SVSP) also told some (HOSP) staff I was a problem to justify pulling me out of back seat of car. While in RTR at (HOSP) I informed staff/officers of the priority stated "I fell on deaf ears" then finally I seen captain J. Cummings of this. He stated not much I could do there I can have a 7219 done on your instrument but there was an officer in RTR persuaded him not to. Then cap J. Cummings stated well lets see why you were sent here, open C-File and state that odd, I don't know why they sent you here. you were put up for concoran or demo, you have several hardships in C-File your from down south, your 270 medium A and been programming at (SVSP) yard for about 2 years with no problems, plus we don't even have room for you here (that odd) so I have to put you on E-yard 180 that's on lockdown. And due to me being in chronic pain and having mental health issue I went to crisis bed at CTC for help and this is when I started to realize several officers/staff at (HOSP) was involved in me being forced to (HOSP) I state this due to being refused medical treatment at (HOSP) and a counselor that sat on one of my IDOT when I explain what happen to me, stated to me, your Jones the one they made come here, and now that they beat and ruffed you up your mad and want to cause trouble for us.

In Pro Se

Malik Jones,
Plaintiff,

-against-

WARDEN, MIKE EVANS
SERGEANT L. WASHINGTON, OFFICER D. LANG,
OFFICER E. CONTRAS, OFFICE JANE DOE,
AND COUNSELOR MARTINES, SUED IN
THEIR INDIVIDUAL AND OFFICIAL CAPACITIES, et al.,

Civil Rights Complaint
under 42 U.S.C. 1983 AND
JURY TRIAL DEMANDED

INTRODUCTION

Defendants.

THIS IS A CIVIL RIGHTS ACTION FILED BY MALIK JONES, A STATE PRISONER, FOR DAMAGES AND INJUNCTIVE RELIEF UNDER 42 U.S.C. § 1983, ALLEGING EXCESSIVE USE OF FORCE AND DENIAL OF MEDICAL CARE, AND SAFETY AND SECURITY. IN VIOLATION OF THE EIGHTH AMENDMENT TO THE UNITED STATES CONSTITUTION AND 14th-FOURTEENTH AMENDMENT DUE PROCESS CLAUSE TO THE CONSTITUTION. THE PLAINTIFF ALSO ALLEGES THE TORTS OF ASSAULT AND BATTERY AND NEGLIGENCE.

Jurisdiction

1. THE COURT HAS JURISDICTION OVER THE PLAINTIFFS' CLAIMS OF VIOLATION OF FEDERAL CONSTITUTIONAL RIGHTS UNDER U.S.C. §§ 1331 (a) AND 1343.
2. THE COURT HAS SUPPLEMENTAL JURISDICTION OVER THE PLAINTIFF'S STATE LAW TORT CLAIMS UNDER 28 U.S.C. § 1367.

Plaintiff Attempted To SEND 602 ON ASSAULT issue several times, Even written ^{three} WARDEN ~~Three~~ TIMES After send 602 To his office To make sure 602 be Filed correctly. SEE ATTACHED 119 Forms, High lighted with pencil, Plaintiff Also sent one (602) To Appeal coordinator, To Attempt To have it properly processed. Plaintiff WAS not Allowed to send letter to Appeals- Legal per officer/staff WAS sent off To Appeals coordinator 10-17-06. ALSO "SEE" LETTER plaintiff sent To (HDSP) Litigation, Attempting To get CDC 115, And incident reports/packet WITH no results. Its claimed I got A copy of CDC 115 "writeup" and incident reports/packet, WHICH is FALSE. Letter plaintiff sent To (HDSP) Litigation is ATTACHED After Documents/CDC 119 Forms, showing Plaintiff attempted To get 602 Appeal/GRIEVANCE on him Being ASSAULTED And Forged To (HDSP) FROM (SVSP) UNDER FALSE pretence. Filed And processed correctly.

MAIK Jones

[Signature]

I Declare under penalty PERJURY The fore going TRUE And correct.

CDC-119**SPECIAL PURPOSE LETTERS**

JONES	K09065	ADDRESS	TYPE OF LETTER	REC'D/SENT	SENT	REC'D
		ROSEN, BIEN & ASARO, ATTY-155 MONTGOMERY ST SF, CA 94104	193		7/24/2006	
		PRISON LAW OFFICE GENERAL DEL. SAN QUENTIN, CA. 94964	193		7/26/2006	
		PRISON LAW OFFICE, GEN DEL., S.Q., CA 94464	1		7/26/2006	
		WARDEN MIKE EVENS, SALINAS VALLEY STATE PRISON, PO BOX 1950, SOLEDAD CA-93960	193		7/28/2006	
		WARDEN HDSP	193		7/31/2006	
		DOC SAC, CA 95827	193		8/7/2006	
		OMBUDSMEN CHRIS WEAVER, PO BOX 348750, SAC CA. 95814	S		8/10/2006	
		OFFICE OF THE INSPECTOR GENERAL-PO BOX 348780 SAC, CA 95834	193		8/11/2006	
		CHIEF I/M APPEALS, P.O. BOX 942883, SAC., CA 94283	S		8/14/2006	
		OFF OF INTERNAL AFFAIRS, PO BOX 3009, SAC CA.	S		8/14/2006	
		WARDEN EAVENS CSVSP, SOLEDAD CA.	S		8/14/2006	
		PRISON LAW OFFICE GENERAL DEL. SAN QUENTIN, CA. 94964	S		8/16/2006	
		CHIEF I/M APPEALS, P.O. BOX 942883, SAC., CA 94283	S		8/23/2006	

Wednesday, September 27, 2006

Page 1 of 2

JONES	K09065	ADDRESS	TYPE OF LETTER	REC'D/SENT	SENT	REC'D
		US DEPT OF JUSTICE WASHINGTON, DC 20530	S		8/23/2006	
		PRISON LAW OFFICE GENERAL DEL. SAN QUENTIN, CA. 94964	S		8/25/2006	
		LEGAL EASE SERVICES, 2205 E. ALONDRA, BLVD. E. RANCHO DOMINGUEZ, CA.	S		8/31/2006	
		DOC SAC, CA 95827	S		9/1/2006	
		CHIEF CLERK ST CAPITOL P.O. BOX 942849 SAC, CA. 94249	S		9/5/2006	
		LEGAL EASE SERVICES, 2205 E. ALONDRA, BLVD. E. RANCHO DOMINGUEZ, CA.	193		9/11/2006	
		NAACP LEGAL DEFENSE AND EDUCATION FUNDS, INC 1055 WILSHIRE BLVD #1480 LA, CA 90017	S		9/11/2006	
		SALINAS VALLEY STATE PRISON WARDEN P.O. BOX 1050 SOLEDAD, CA 93960	S		9/15/2006	
		COMMUNITY LEGAL INFO CENTER, CHICO, CA 95929	S		9/25/2006	

CDC-119

SPECIAL PURPOSE LETTERS

JONES	K09065	ADDRESS	TYPE OF LETTER REC'D/SENT	SENT	REC'D
		LA CO SUP CT CLK, 111 N. HILL STREET, L.A., CA 90010	193	10/16/2006	
		STATE BAR OF CA-1149 S. HILL LA CA 90015	193	10/23/2006	
		LA CO SUP CT CLK, 210 W. TEMPLE STREET, L.A., CA 90012	193	10/24/2006	
		SALINAS VALLEY STATE PRISON WARDEN P.O. BOX 1050 SOLEDAD, CA 93960	193	10/24/2006	

Thursday, October 26, 2006

1266 11/08/06

YOU MAY REQUEST COPIES FROM YOUR
C-FILE THRU YOUR ASSIGNED COUNSELOR
FILL OUT A REQUEST FORM ALONG WITH
A COMPLETED TRUST WITHDRAWAL FORM
SEE YOUR ASSIGNED COUNSELOR
CHARGE IS .10¢ PER PAGE COPIED
YOU WERE ALREADY GIVEN A COPY WITH RVR

Prison litigation coordinator

I MALIK JONES write this authorized
Legal document, for you to send the
report in c-File of the
Type of forced
transp

To: prison litigation coordinator

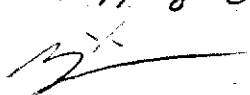
I MARIK JONES write this Authorized
Legal Document, for you to SEND the incident
report in c-File of The Amount, and what
Type of forced was used TO FORCE me TO
transfer AS I denied and physically Fought refusing
TO transfer, 7-7-06. FROM (SVSP) TO (HDSP)

I want you to SEND incident report TO said
ADDRESS LEGAL/EASE ASAP.

2205 E ALONDRA BLVD
EAST RANCHO DOMINGUEZ, CA. 90221

-THANK YOU IN ADVANCE-

MARIK JONES K-09065

I declare under penalty of perjury, DATE 11-8-06
The foregoing is true and correct. 

EXHIBITS (A)

CALIFORNIA DEPARTMENT OF CORRECTIONS

NAME: JONES

CDC #: K09065

BED: D2-117U

COMMITTEE ACTION SUMMARY

REFER TO THE CSR RECOMMENDING SHU AUDIT ONLY & TRANSFER TO SAC-IV(180)/PBSP-IV (180). ASSESS & COMMUTE A 4 MONTH AGGRAVATED SHU TERM W/MERD OF 3/16/03, FOR RVR C02-12-0037, BATTERY ON AN INMATE, DATED 12/16/02. RETAIN IN ASU PENDING CSR REVIEW & TRANSFER. CONTINUE DOUBLE CELL. CONTINUE ASU YARD WALK ALONE PSYCH IS CCCMS.

COMMITTEE'S COMMENTS

Inmate JONES appeared before Salinas Valley State Prison's (SVSP's) Administrative Segregation Unit (ASU) Institutional Classification Committee (ICC) today for his Program Review. JONES stated that his health was good and was willing to proceed. JONES received his 72-hour notice for the purpose of this review. Prior to committee reviewing and discussing this case, JONES was introduced to the committee members. According to JONES'S CDC 114D, he was placed into SVSP's ASU on 2/13/2003 for: Battery on a Peace Officer. Based upon a review of JONES'S CDC 114D, CDC 115, Central File, case factors, and through discussion with him, committee elects to: Refer to the CSR recommending SHU audit only & transfer to SAC-IV(180)/PBSP-IV (180). Assess & Commute a 4 month aggravated SHU term W/MERD of 3/16/03, for RVR C02-12-0037, Battery on an Inmate, dated 12/16/02. Retain in ASU pending CSR review & transfer. Continue double cell. Continue ASU yard walk alone. Psych is CCCMS. ICC notes the inmate was placed in ASU for Battery on a Peace Officer. The RVR was adjudicated and reduced to a lesser charge for Obstructing a Peace Officer. At ICC, the I/M indicated that he wished to be placed on Fac. D instead of Fac. C. He continued to say; I have issues with certain C/O's on Fac. C. While reviewing the I/M central file, he has a documented enemy on Fac. D and noting that the I/M is 180 not 270 and he cannot be placed on Fac. A or B. ICC elects to retain him in ASU pending alternate Level-IV(180) institution, even though the RVR was reduced ICC agreed to avoid conflict of interest with the C/O who is still assigned to Fac. C. This will be a non-adverse transfer. His custody will be CLOBR A2B effective upon the receiving institution committee.

At the conclusion of this review, JONES was informed of his Appeal Rights with regards to this committee's actions. JONES acknowledged his understanding and disagreement with committee's actions. The inmate disagreed with the ASU placement.

STAFF ASSISTANT

Assigned: (Participant in MHSDS but able to comprehend issues) SA Present: CCI Martines

INMATE CASE FACTORS									
CUSTODY	CS/LEVEL	WG/PG & EFF. DATE	RELEASE DATE	GPL	RECLASS	AGE	ETHNIC	TERMER	NEXT BPT & DATE
MAX R	233/IV	D1D - 2/13/2003	EPRD 1/31/2013	NTR	6/2003	26	BLA	1st	N/A
RECEIVED SVSP	RECEIVED FROM & TYPE OF TX		RECEIVED CDC	COUNTY OF COMMITMENT		SENTENCE		RESTITUTION	
5/15/2002	OTC - Non-Adverse		5/24/1996	Los Angeles		17 years 4 months		\$0.00	
COMMITMENT OFFENSE									
2 counts of Oral Copulation and False Imprisonment with a Non-controlling Case of Robbery 2nd									
PRIOR ARREST HISTORY					DISCIPLINARY HISTORY				
Robbery, Oral Copulation-14/ETC w/Force/Violence X2, False Imprisonment, Crimes against children/Lewd or Lascivious, Battery on a Prisoner					Disobeying Orders, Delaying a Peace Officer in the performance of Duty, Threatening to Commit Battery, Dangerous contraband, Flooding, Attempted Battery on a Peace Officer, Out-of-Bounds, Refusing to Work, Threatening Staff, Refusing a Cellmate, Obstructing a P/O in the Performance of his/her Duties, Battery on an Inmate				
SEX OFFENSES			ARSON OFFENSES			ESCAPES			
PC 290 registration is required. Subject was convicted of 2 counts of PC 288A-C Oral Copulation with Force. Based upon an extensive review of this case, it was determined that an 'R' Suffix is warranted.			None			None			
ENEMIES			GANG/TIP			CONFIDENTIAL			
Noted on CDC 812			Blood			Noted & Reviewed			
MEDICAL			TB - DATE 12MC			DENTAL			OPP
Full Duty			22 - 4/29/2003			3			N/A
PSYCH			MDO			SUBSTANCE ABUSE			
CCCMS 5/8/2003 Psychotropic Medication prescribed			Meets MDO Criteria			Inmate denies usage			
HOUSING			CELL STATUS			CAMP, MSF, CCF, CCRC, REST. CENTER, SAP ELIGIBILITY			
180 Design (A1)			Double Cell			Camp Eligible: No SEX PSY			
						CCF Eligible: No SEX PSY			
						SAP Eligible: No SEX PSY			
						Rest. Center Eligible: No SEX PSY			
FPTTP			HWD			JOB ASSIGNMENT			
US Citizen			Clear as of 5/12/2003			Unassigned			

COMMITTEE MEMBERS

MEMBERS

P. Tingey
CHAIRPERSON
P. Tingey, CDW(A)

A. Hedgpeth, FC., W. Campbell, Ph.D.

A. Williams
RECORDER
A. Williams, CCII

Committee Date: 5/15/2003

PROGRAM REVIEW

Committee: S0515031AM1

INMATE: Jones CDC #: K-09065 CDC HOUSING: C5-107L D7-H7

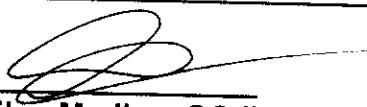
THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input checked="" type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS
Comments: You may write on back of this form to clarify or respond to the above.

Attach copy of 1286 (ICC: CSR) Due To more
investigation this 1286 is in file I believe it should be
1286 of 5-15-02. I WAS given a copy when I ask for it,
this means FROM my First ICC At reception I been
been classifid incorrectly their for my c-file should
be destroyed And I be reclassifid like I just got to recepti
on. Also never received any endorsement papers


Eloy Medina, CC-II
Appeals Coordinator

DELIVERED JUN 24 2008

Date: 7/7/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

STATE OF CALIFORNIA

**INMATE/PAROLEE
APPEAL FORM**
 CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

DEPARTMENT OF CORRECTIONS

Category

1. _____

1. _____

15

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

emergency appeal hardship doesn't want tx to HDSP

NAME <u>M. Jones</u>	NUMBER <u>K-09065</u>	ASSIGNMENT <u>ED</u>	UNIT/ROOM NUMBER <u>D-3-117</u>
-------------------------	--------------------------	-------------------------	------------------------------------

A. Describe Problem: This is a emergency ~~appeal~~ appeal that has to do with my safety and security. I WAS put up for transfer to COCARAN or Delano. I still haven't received any endorsement papers. Now out of so where they or telling me I'll be in transferring to high desert. I haven't received any endorsement papers or any thing saying that where I'm going, ^{OR} I WAS put up to transfer there. I'm medium A should be 270 and have been disciplinary free for about 2 1/2 years now or longer. me being transfered to high desert is A adverse transfer.

If you need more space, attach one additional sheet.

- see additional sheet - REC'D JUL 08 2006

B. Action Requested: Ask that I be sent down south and undil A ~~sent~~ place that is suitable for me due to the above stated that I remain here ~~and~~ Officer acted indifferent and in with malicious intent obviously, this is not the fault of something I did and ~~should~~ not be punished for it

Inmate/Parolee Signature: [Signature]Date Submitted: 2-1-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

DELIVERED JUN 24 2006

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Records must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

SEP 14 2006

HDSP Appeals

Additional sheet

which should not be the case. If I'm to be transferred fine, but until ~~a~~ a place down south opens where I could be sent, there is no reason why I shouldn't be left here until I can go. Due to false documents getting passed ^{to inmates} around ^{the} hole by officer that puts my life in danger whatever prison I go to, and this prison being the one where alot of ~~inmates~~ inmates know about the document being false, and I been here ~~at~~ while now I'm obviously ok on this yard so to send me ^{bits} some where else would be ~~inmate~~ ~~bits~~ and if I am to be sent some where to take the chance of been killed or seriously ~~in~~ injured ~~due~~ due to these false documents officer passed around to other inmates, that were being transferred out to other prison, ~~and~~ I should be sent down south. I have a heart ship also and this will no doubt impede my mental health. And this long travel will impede my mobility, impaired body. Also I receive visits and its already burdens my family ~~to~~ and ~~and~~ friends to come here to visit. So no doubt once again this will impede my mental health. Also due to these false documents officer passed out to other inmate, then stated ^{you} ~~you~~ Jones now ~~where~~ whatever prison you go to this is going to follow you and your gonna get fuck up. I have problems eating and I don't take showers, and that's here at this prison. where I know alot of people on yard knows documents

That officer passed out was false. At another
prison I know I will be worse off and impeded at
all points. This is not the fault of something
I did, but the fault of a obviously indeludent,
~~malicious~~ ^{malicious} officer, name Bailey work D-yard 2 block

EXHIBITS (B)

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART B1 - INMATE

CDC 837-B1 (09/03)

DEPARTMENT OF CORRECTIONS

PAGE 1 OF 1

INSTITUTION Salinas Valley State Prison	FACILITY Facility D	INCIDENT LOG NUMBER SVP-FDP-05-01-0017
--	------------------------	---

INMATE (ENTIRE SHEET)

NAME: LAST JONES		FIRST [REDACTED]		MI	CDC # K09065	SEX M	ETHNICITY BLACK	FBI # [REDACTED]	CII # [REDACTED]
CHECK ONE	CLASS SCORE 229	PV RTC <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC 05 / 28 / 96	DATE REC'D BY INST 08 / 15 / 01	ANTICIPATED RELEASE DATE 01 / 13 / 13	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 07 / 09 / 76	HOUSING ASSIGN. D5-115	
<input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<input checked="" type="checkbox"/> CCCMS <input type="checkbox"/> MHC	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE [REDACTED]			COUNTY OF COMMITMENT [REDACTED]	

DESCRIPTION OF INJURIES:

NONE

☐ N/A

PRISON GANG / DISRUPTIVE GROUP

☐ VALIDATED ☐ ASSOCIATED ☒ N/A☐ HOSPITALIZED ☒ TREATED & RELEASED ☐ REFUSED TREATMENT

NAME/LOCATION OF HOSP./TREAT. FACILITY

☐ DECEASED DATE: _____☐ N/A☐ N/A

D5-117

NAME: LAST		FIRST		MI	CDC #	SEX	ETHNICITY	FBI #	CII #
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.	
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHC	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	

DESCRIPTION OF INJURIES:

☐ N/A

PRISON GANG / DISRUPTIVE GROUP

☐ VALIDATED ☐ ASSOCIATED ☐ N/A☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT

NAME/LOCATION OF HOSP./TREAT. FACILITY

☐ DECEASED DATE: _____☐ N/A☐ N/A

NAME: LAST		FIRST		MI	CDC #	SEX	ETHNICITY	FBI #	CII #
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.	
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHC	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	

DESCRIPTION OF INJURIES:

☐ N/A

PRISON GANG / DISRUPTIVE GROUP

☐ VALIDATED ☐ ASSOCIATED ☐ N/A☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT

NAME/LOCATION OF HOSP./TREAT. FACILITY

☐ DECEASED DATE: _____☐ N/A☐ N/A

NAME: LAST		FIRST		MI	CDC #	SEX	ETHNICITY	FBI #	CII #
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.	
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHC	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	

DESCRIPTION OF INJURIES:

☐ N/A

PRISON GANG / DISRUPTIVE GROUP

☐ VALIDATED ☐ ASSOCIATED ☐ N/A☐ HOSPITALIZED ☐ TREATED & RELEASED ☐ REFUSED TREATMENT

NAME/LOCATION OF HOSP./TREAT. FACILITY

☐ DECEASED DATE: _____☐ N/A☐ N/A

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART B2- STAFF

CDC 837-B2 (09/03)

DEPARTMENT OF CORRECTIONS

PAGE 1 OF 2

INSTITUTION SALINAS VALLEY STATE PRISON	FACILITY D	INCIDENT LOG NUMBER SVP-FDP-05-01-0017
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STAFF (ENTIRE SHEET)

NAME: LAST HUGHES	FIRST [REDACTED]	MI [REDACTED]	TITLE LIEUTENANT	SEX M	ETHNICITY WHT	RDO'S S/M
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D PROGRAM LT.	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____						

NAME: LAST WASHINGTON	FIRST L	MI [REDACTED]	TITLE SERGEANT	SEX M	ETHNICITY BLK	RDO'S S/S
CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION D1&D2 SERGEANT	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: PHYSICAL		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____						

NAME: LAST RICHARDSON	FIRST [REDACTED]	MI [REDACTED]	TITLE SERGEANT	SEX M	ETHNICITY BLK	RDO'S S/M
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D PROGRAM SGT.	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____						

NAME: LAST MERCADO	FIRST [REDACTED]	MI [REDACTED]	TITLE OFFICER	SEX M	ETHNICITY MEX	RDO'S M/T
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D S&E #2	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____						

NAME: LAST PATINO	FIRST [REDACTED]	MI [REDACTED]	TITLE OFFICER	SEX F	ETHNICITY MEX	RDO'S T/W
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D 2 YARD	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____						

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART B2- STAFF

CDC 837-B2 (09/03)

DEPARTMENT OF CORRECTIONS

PAGE 2 OF 2

INSTITUTION

SALINAS VALLEY STATE PRISON

FACILITY

D

INCIDENT LOG NUMBER

SVP-FDP-05-01-0017

STAFF (ENTIRE SHEET)

NAME: LAST

FIRST

MI

TITLE

SEX

ETHNICITY

RDO'S

HOPKINS

LVN

F

BLK

T/W

CHECK ONE

- ☐ PRIMARY ☐ CAMERA
☐ RESPONDER
☒ WITNESS
☐ VICTIM

BADGE #

ID #

POST ASSIGN. #

POSITION

DESCRIPTION OF INJURIES:

FACILITY D MEDICAL

☒ N/A☐ HOSPITALIZED☐ TREATED & RELEASED

NAME/LOCATION OF HOSP/TREAT. FACILITY

USED FORCE

☐ YES ☒ NO

PROCESSED EVIDENCE

☐ YES ☒ NO☐ REFUSED TREATMENT☐ DECEASED DATE: _____☒ N/A☒ N/A

TYPE: _____

NAME: LAST

FIRST

MI

TITLE

SEX

ETHNICITY

RDO'S

CHECK ONE

- ☐ PRIMARY ☐ CAMERA
☐ RESPONDER
☐ WITNESS
☐ VICTIM

BADGE #

ID #

POST ASSIGN. #

POSITION

DESCRIPTION OF INJURIES:

☐ N/A☐ HOSPITALIZED☐ TREATED & RELEASED

NAME/LOCATION OF HOSP/TREAT. FACILITY

USED FORCE

☐ YES ☐ NO

PROCESSED EVIDENCE

☐ YES ☐ NO☐ REFUSED TREATMENT☐ DECEASED DATE: _____☐ N/A☐ N/A

TYPE: PHYSICAL

NAME: LAST

FIRST

MI

TITLE

SEX

ETHNICITY

RDO'S

CHECK ONE

- ☐ PRIMARY ☐ CAMERA
☐ RESPONDER
☐ WITNESS
☐ VICTIM

BADGE #

ID #

POST ASSIGN. #

POSITION

DESCRIPTION OF INJURIES:

☐ N/A☐ HOSPITALIZED☐ TREATED & RELEASED

NAME/LOCATION OF HOSP/TREAT. FACILITY

USED FORCE

☐ YES ☐ NO

PROCESSED EVIDENCE

☐ YES ☐ NO☐ REFUSED TREATMENT☐ DECEASED DATE: _____☐ N/A☐ N/A

TYPE: _____

NAME: LAST

FIRST

MI

TITLE

SEX

ETHNICITY

RDO'S

CHECK ONE

- ☐ PRIMARY ☐ CAMERA
☒ RESPONDER
☐ WITNESS
☐ VICTIM

BADGE #

ID #

POST ASSIGN. #

POSITION

DESCRIPTION OF INJURIES:

☐ N/A☐ HOSPITALIZED☐ TREATED & RELEASED

NAME/LOCATION OF HOSP/TREAT. FACILITY

USED FORCE

☐ YES ☐ NO

PROCESSED EVIDENCE

☐ YES ☐ NO☐ REFUSED TREATMENT☐ DECEASED DATE: _____☐ N/A☐ N/A

TYPE: _____

NAME: LAST

FIRST

MI

TITLE

SEX

ETHNICITY

RDO'S

CHECK ONE

- ☐ PRIMARY ☐ CAMERA
☐ RESPONDER
☒ WITNESS
☐ VICTIM

BADGE #

ID #

POST ASSIGN. #

POSITION

DESCRIPTION OF INJURIES:

☐ N/A☐ HOSPITALIZED☐ TREATED & RELEASED

NAME/LOCATION OF HOSP/TREAT. FACILITY

USED FORCE

☐ YES ☐ NO

PROCESSED EVIDENCE

☐ YES ☐ NO☐ REFUSED TREATMENT☐ DECEASED DATE: _____☐ N/A☐ N/A

TYPE: _____

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)

NAME: LAST Washington				FIRST L.		MI	DATE OF INCIDENT 01/07/05		TIME OF INCIDENT 15:55		
POST # 340376		POSITION D1&D2 SERGEANT		YEARS OF SERVICE 14 YR. 2 MO.		DATE OF REPORT 01/07/05		LOCATION OF INCIDENT FACILITY D PROGRAM			
RDOs S/S		DUTY HOURS 1400-2200		DESCRIPTION OF CRIME / INCIDENT OBSTRUCTING A PEACE OFFICER/USE OF FORCE PHYSICAL				CCR SECTION / RULE 3005 (b) <input type="checkbox"/> N/A			
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)				INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)					
<input checked="" type="checkbox"/> PRIMARY		T. Richardson (S)				Jones K-25609 (S) <i>ur</i> K-09065					
<input type="checkbox"/> RESPONDER											
<input type="checkbox"/> WITNESS											
<input type="checkbox"/> VICTIM											
<input type="checkbox"/> CAMERA											
FORCE USED BY YOU		WEAPONS USED BY YOU				SHOTS FIRED BY YOU					
<input type="checkbox"/> WEAPON		<input type="checkbox"/> MINI-14				TYPE: NO: NO:					
<input checked="" type="checkbox"/> PHYSICAL		<input type="checkbox"/> 9 MM				37 MM _____ 9 MM _____					
<input type="checkbox"/> NONE		<input type="checkbox"/> 38 CAL				L8 _____ 38 CAL _____					
FORCE OBSERVED BY YOU		<input type="checkbox"/> SHOTGUN				40 MM _____ MINI-14 _____					
<input type="checkbox"/> WEAPON		<input type="checkbox"/> 37 MM <input type="checkbox"/> L8				40 MULTI _____ <input checked="" type="checkbox"/> N/A					
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A				SHOTGUN _____					
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> HFWRS <input type="checkbox"/> BATON									
EVIDENCE COLLECTED BY YOU		EVIDENCE DESCRIPTION				EVIDENCE DISPOSITION				BIO HAZARD	PPE
<input type="checkbox"/> YES										<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A				<input checked="" type="checkbox"/> N/A				<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED		DESCRIPTION OF INJURY				LOCATION TREATED (HOSPITAL / CLINIC)		FLUID EXPOSURE		SCIF 3301 / 3067 COMPLETED	
<input type="checkbox"/> YES								<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A				<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> UNKNOWN		<input checked="" type="checkbox"/> NO	
								<input type="checkbox"/> OTHER: _____			

NARRATIVE:

On January 7, 2005, at approximately 1555 hours, I gave Inmate Jones K-09065, FDB5-115L, a direct order to hand over the earring he had secreted in his left nostril area. I explained to Jones that earrings are considered contraband at Salinas Valley State Prison. Jones refused this order by stating, "No", "give me a receipt first." It was explained to Jones a receipt would be forthcoming as soon as he relinquished the earring. At this time, I had my right hand out in front of Jones awaiting the placement of the earring. I gave Jones several more orders to hand over the earring with negative results. Jones suddenly with a very quick motion, utilized his right hand and reached into his right jacket pocket. Fearing for the safety of staff and myself and not sure of what Jones was reaching for, I utilized my right hand and grabbed his left wrist and my left hand to maintain control of his left hand. At the same instance, Jones removed his right hand from his jacket pocket. Jones right hand was closed obstructing my ability to see the inner portion of his right hand. Jones then placed his right hand near his mouth as if he placed something within his mouth. At this time, I released Jones left hand and wrist. Jones then reached for the earring with his right hand and placed his right hand to his mouth area and stated, "I swallowed it." Jones is aware of this report and its specific charges. There was no use of force other than physical force utilized as a result of this incident. This completes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>X. Washington Jr.</i>		TITLE Sergeant	BADGE # 44966	ID # 286188	DATE 01/07/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>Hughes J. C. Jr.</i>		DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)
PAGE 1 OF 1INCIDENT LOG NUMBER
SVP-FDP-05-01-0017

NAME: LAST RICHARDSON		FIRST T		MI	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
POST # 340340	POSITION FAC D HSG SGT.	YEARS OF SERVICE 9 YR. 9 MO.	DATE OF REPORT 01/07/05		LOCATION OF INCIDENT Facility D Program	
RDO's S/M	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT Obstructing A Peace Officer/Use of Physical Force			CCR SECTION / RULE 3005(b) <input type="checkbox"/> N/A	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY	(S)SGT.L.WASHINGTON	(S)JONES K-25609 <i>TR</i>
<input type="checkbox"/> RESPONDER	(S)SGT.T.RICHARDSON	<i>K09005</i>
<input checked="" type="checkbox"/> WITNESS		
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE FORCE OBSERVED BY YOU <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A <input type="checkbox"/> HFWRS <input type="checkbox"/> BATON CHEM. TYPE: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER:	TYPE: NO: NO: 37 MM _____ 9 MM _____ L8 _____ 38 CAL _____ 40 MM _____ MINI-14 _____ 40 MULTI _____ <input checked="" type="checkbox"/> N/A SHOTGUN _____

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:

On January 07, 2005 at approximately 1555 hours while performing my duties as Facility D Housing Sergeant, I was conducting an interview with Inmate Jones (K-25609 D5 T+5). Correctional Sergeant Washington gave Inmate Jones approximately three direct orders to remove his earring from his left nostril. Inmate Jones refused and replied he wanted a receipt first. Correctional Sergeant Washington informed Inmate Jones he will provide him with a receipt when he removes the earring. Inmate Jones made a sudden movement with his right hand into his right coat pocket. Correctional Sergeant Washington grabbed the left wrist of Inmate Jones to gain control. Inmate Jones placed his hands near his mouth and attempting to place something in it, when Sergeant Washington ordered Inmate Jones to surrender the earring, Inmate Jones said " I swallowed it ". Inmate Jones was escorted to his assigned housing without further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>T. Richardson</i>	TITLE SERGEANT	BADGE # 51417	ID # 2863352	DATE 01/07/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>Itzhak S. G.</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

Distribution: Original Incident Package Copy Reporting Employee Copy Reviewing Supervisor

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

DEPARTMENT OF CORRECTIONS

NAME: LAST MERCADO		FIRST G		MI M		INCIDENT LOG NUMBER SVSP-FDP-05-010017 <i>05176</i>	
POST # 341456		POSITION FAC D S&E #2		YEARS OF SERVICE 1 YR. 9 MO.		DATE OF REPORT 01/07/05	
RDO's M/T		DUTY HOURS 1400-2200		DESCRIPTION OF CRIME / INCIDENT <i>OBSTRUCTING</i> willfully resisting a p/o with use of physical force		LOCATION OF INCIDENT FAC D Program	
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)			
<input type="checkbox"/> PRIMARY		LT. HUGHES		JONES K-09065 (S)			
<input checked="" type="checkbox"/> RESPONDER		SGT. L WASHINGTON					
<input type="checkbox"/> WITNESS		C/O L. PATINO					
<input type="checkbox"/> VICTIM		C/O G. MERCADO					
<input type="checkbox"/> CAMERA							
FORCE USED BY YOU		WEAPONS USED BY YOU		SHOTS FIRED BY YOU			
<input type="checkbox"/> WEAPON		<input type="checkbox"/> MINI-14		TYPE: NO: NO:			
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 9 MM		<input type="checkbox"/> OC			
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 38 CAL		<input type="checkbox"/> CN			
FORCE OBSERVED BY YOU		<input type="checkbox"/> SHOTGUN		<input type="checkbox"/> CS			
<input type="checkbox"/> WEAPON		<input type="checkbox"/> 37 MM <input type="checkbox"/> L8		<input type="checkbox"/> OTHER:			
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI		<input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> HFWRS <input type="checkbox"/> BATON		37 MM _____ 9 MM _____			
				L8 _____ 38 CAL _____			
				40 MM _____ MINI-14 _____			
				40 MULTI _____ <input checked="" type="checkbox"/> N/A			
				SHOTGUN _____			
EVIDENCE COLLECTED BY YOU		EVIDENCE DESCRIPTION		EVIDENCE DISPOSITION		BIO HAZARD PPE	
<input type="checkbox"/> YES						<input type="checkbox"/> YES <input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NO	
REPORTING STAFF INJURED		DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)		FLUID EXPOSURE SCIF 3301 / 3067 COMPLETED	
<input type="checkbox"/> YES						<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> UNKNOWN	
						<input type="checkbox"/> OTHER: _____	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

NARRATIVE:

On Friday January 7 2005, at approximately 1555 hours while performing my duties a Facility D S&E # 2 I was instructed by Sgt. L. Washington to escort Inmate Jones to facility D5 cell 115 without any further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE C/O	BADGE # 67398	ID # 2863049	DATE 1/7/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>L. Washington</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

DEPARTMENT OF CORRECTIONS

NAME: LAST PATINO		FIRST L.		M M		PAGE 1 OF 1		INCIDENT LOG NUMBER SVSP-FDP-05-01-017	
POST # 342492		POSITION FAC D 2 Yard		YEARS OF SERVICE 1 YR. 10 MO.		DATE OF REPORT 01/07/05		DATE OF INCIDENT 01/07/05	
TIME OF INCIDENT 15:55		LOCATION OF INCIDENT FAC D Program		DESCRIPTION OF CRIME / INCIDENT willfully resisting a p/o with use of physical force		CCR SECTION / RULE 3005 (b) <input type="checkbox"/> N/A			
RDO's T/W		DUTY HOURS 1400-2200		YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY		<input checked="" type="checkbox"/> RESPONDER		<input type="checkbox"/> WITNESS		<input type="checkbox"/> VICTIM		<input type="checkbox"/> CAMERA	
LT. HUGHES		SGT. L WASHINGTON		C/O L. PATINO		C/O G. MERCADO		JONES K-09065 (S)	
FORCE USED BY YOU		WEAPONS USED BY YOU		CHEM. TYPE:		SHOTS FIRED BY YOU		TYPE: NO: NO:	
<input type="checkbox"/> WEAPON		<input type="checkbox"/> MINI-14		<input type="checkbox"/> 9 MM		<input type="checkbox"/> OC		37 MM	
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 38 CAL		<input type="checkbox"/> SHOTGUN		<input type="checkbox"/> CN		L8	
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 37 MM		<input type="checkbox"/> L8		<input type="checkbox"/> CS		40 MM	
FORCE OBSERVED BY YOU		<input type="checkbox"/> 40 MM		<input type="checkbox"/> 40 MULTI		<input checked="" type="checkbox"/> N/A		40 MULTI	
<input type="checkbox"/> WEAPON		<input type="checkbox"/> HFWS		<input type="checkbox"/> BATON		<input type="checkbox"/> OTHER:		SHOTGUN	
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 37 MM		<input type="checkbox"/> L8		<input type="checkbox"/> CS		40 MM	
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 40 MM		<input type="checkbox"/> 40 MULTI		<input checked="" type="checkbox"/> N/A		40 MULTI	
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> HFWS		<input type="checkbox"/> BATON		<input type="checkbox"/> OTHER:		SHOTGUN	
EVIDENCE COLLECTED BY YOU		EVIDENCE DESCRIPTION		EVIDENCE DISPOSITION		BIO HAZARD		PPE	
<input type="checkbox"/> YES		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES		<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> NO	
REPORTING STAFF INJURED		DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)		FLUID EXPOSURE		SCIF 3301 / 3067 COMPLETED	
<input type="checkbox"/> YES		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> BODILY		<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> OTHER:		<input checked="" type="checkbox"/> NO	

NARRATIVE:

On Friday January 7, 2005, at approximately 1555 hours while performing my duties as Facility D 2 Yard Officer I was instructed by Sgt. L. Washington to escort inmate Jones to facility D, building 5, cell 115 without any further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>L. Patino</i>		TITLE C/O	BADGE # 66674	ID # 2862805	DATE 1/7/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>L. Washington Jr. Sgt. Washington</i>		DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

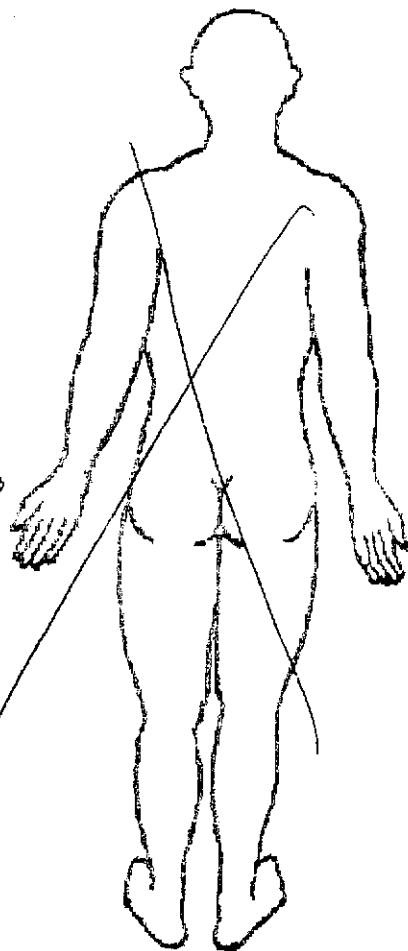
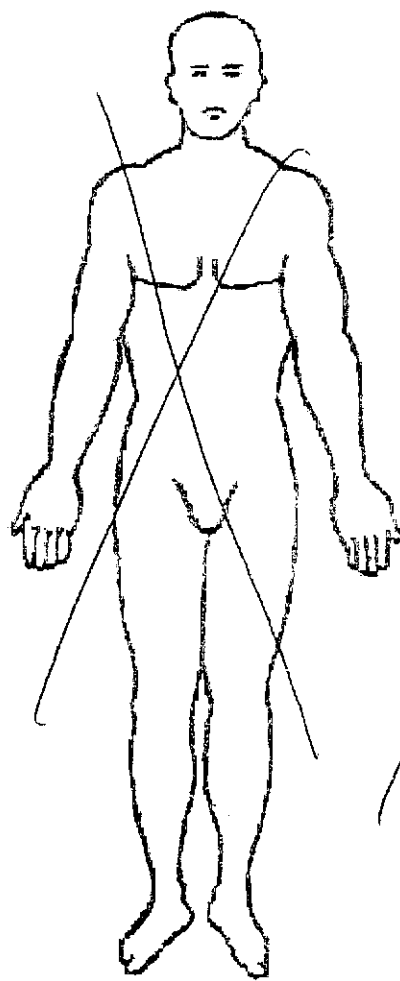
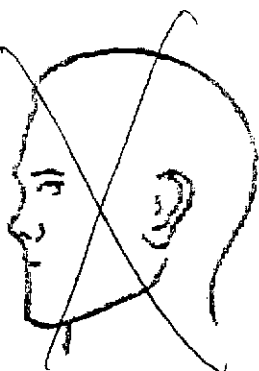
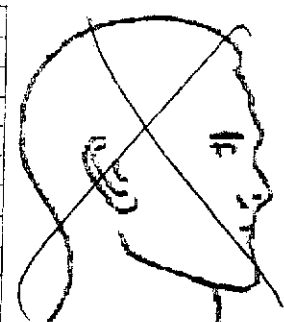
STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE**

DEPARTMENT OF CORRECTIONS

NAME OF INSTITUTION <u>SKSP</u>		FACILITY/UNIT <u>Dyrd</u>		REASON FOR REPORT (circle) INJURY <u>UNUSUAL OCCURRENCE</u>		ON THE JOB INJURY PRE AD/SEG ADMISSION		DATE <u>1/7/05</u>	
THIS SECTION FOR INMATE ONLY		NAME LAST <u>Jones</u> FIRST <u>Malik</u>		CDC NUMBER <u>409065</u>		HOUSING LOC.		NEW HOUSING LOC.	
THIS SECTION FOR STAFF ONLY		NAME LAST <u>Jones</u> FIRST <u>Malik</u>		BADGE #		RANK/CLASS		ASSIGNMENT/RDOs	
THIS SECTION FOR VISITOR ONLY		NAME LAST <u>Jones</u> FIRST <u>Malik</u>		DOB		OCCUPATION		HOME PHONE	
HOME ADDRESS		CITY		STATE		ZIP			
PLACE OF OCCURRENCE <u>Dyrd</u>		DATE/TIME OF OCCURRENCE <u>1/7/05 1905</u>		NAME OF WITNESS(ES)					
TIME NOTIFIED <u>1900</u>		TIME SEEN <u>1905</u>		ESCORTED BY		MODE OF ARRIVAL (circle) LITTER <u>ON SITE</u>		WHEELCHAIR	
						AGE <u>26</u>		RACE <u>B</u>	
								SEX <u>M</u>	
BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE.									

"No statement"

INJURIES FOUND?	YES/NO
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Swollen Area	16
Other	17
	18
	19
O.C. SPRAY EXPOSURE?	YES/NO
DECONTAMINATED?	YES/NO
Self-decontamination instructions given?	YES/NO
Refused decontamination?	YES/NO
Q 15 min checks	
Staff issued exposure packet?	YES/NO



RN NOTIFIED/TIME <u>N/A</u>	PHYSICIAN NOTIFIED/TIME <u>N/A</u>
TIME/DISPOSITION <u>1905</u>	

REPORT COMPLETED BY/TITLE (PRINT AND SIGN) <u>CF Hopkins</u>	BADGE # <u>286355</u>	RDOs <u>T/W</u>
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(Medical data is to be included in progress note or emergency care record filed in 1 HR)

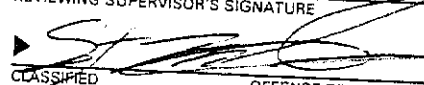
804 to Records: _____ Date: _____
STATE OF CALIFORNIA

RULES VIOLATION REPORT

DEPARTMENT OF CORRECTIONS

CDC NUMBER K-09065	INMATE'S NAME JONES	RELEASE/BOARD DATE	INST. SVSP	HOUSING NO. D5-115	LOG NO. FD-05-01-0
VIOLATED RULE NO(S). CCR §3005(b)		SPECIFIC ACTS Willfully Obstructing A Peace Officer	LOCATION "D" PROGRAM	DATE 01/07/05	TIME 1555 hou
CIRCUMSTANCES					

On January 7, 2005, at approximately 1555 hours, I gave Inmate JONES (K-09065, D5-115), a direct order to hand over the earring he had secreted in his left nostril area. I explained to JONES that earrings are considered contraband at Salinas Valley State Prison, JONES refused this order by stating, "NO", "give me a receipt first." It was explained to JONES that a receipt would be forthcoming as soon as he relinquished the earring. At this time, I had my right hand out in front of JONES awaiting the placement of the earring. I gave JONES several more orders to hand over the earring with negative results. JONES suddenly with a very quick motion, utilized his right hand and reached into his right jacket pocket. Fearing for the safety of staff and myself and not sure of what JONES was reaching for, I utilized my right hand and grabbed his left wrist and my left hand to maintain control of his left hand. At the same instance, JONES removed his right hand from his jacket pocket. JONES right hand was closed obstructing my ability to see the inner part of his right hand. JONES then placed his right hand near his mouth as if he placed something within his mouth. At this time, I released JONES left hand and wrist. JONES then reached for the earring with his right hand and placed his right hand to his mouth area and stated, "I swallowed it." Jones is aware of this report and it's specific charges. There was no use of force other than physical force utilized as a result of this incident. This completes my report. Inmate JONES is a participant in the Mental Health Delivery Services System at the CCMS level of care.

REPORTING EMPLOYEE (Typed Name and Signature) L. Washington, Correctional Sergeant		DATE	ASSIGNMENT D1 & D2 Sergeant	RDO'S S/S
REVIEWING SUPERVISOR'S SIGNATURE 		DATE 1/12/05	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: D	DATE 1-12-05	CLASSIFIED BY (Typed Name and Signature) JL Hughes	
COPIES GIVEN INMATE BEFORE HEARING			HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> :	
<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE)	DATE	TIME	TITLE OF SUPPLEMENT
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER FDP-05-01-0017	BY: (STAFF'S SIGNATURE)	DATE	TIME	BY: (STAFF'S SIGNATURE)
HEARING				

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)

SIGNATURE	DATE	TIME
CHIEF DISCIPLINARY OFFICER'S SIGNATURE	DATE	TIME
BY: (STAFF'S SIGNATURE)	DATE	TIME
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING		
CDC 115 (7/88)		

FORMIA

DEPARTMENT OF CORRECTIONS

INCIDENT REPORT PART A - COVER SHEET CDC 837-A (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER
SVP-FDP-05-01-0017INCIDENT DATE
01/07/05INCIDENT TIME
15:55

INSTITUTION SVSP	FACILITY D	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV	INCIDENT SITE FACILITY D	LOCATION PROGRAM OFFICE	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> PHU <input type="checkbox"/> SNY <input checked="" type="checkbox"/> GP <input type="checkbox"/> CTC <input type="checkbox"/> RC SEG. YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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SPECIFIC CRIME / INCIDENT

OBSTRUCTING A PEACE OFFICER/ USE OF PHYSICAL FORCE

☒ CCR ☐ PC ☐ N/A
 NUMBER/SUBSECTION: 3005 (B)

D. A. REFERRAL ELIGIBLE

☐ YES ☒ NO

SERT ACTIVATED

☐ YES ☒ NO

NMT ACTIVATED

☐ YES ☒ NO

MUTUAL AID REQUEST

☐ YES ☒ NO

PIO/AA NOTIFIED

☒ YES ☐ NO

RELATED INFORMATION (CHECK ALL THAT APPLY)

DEATH	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> EXECUTION <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OVERDOSE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ON INMATE <input type="checkbox"/> ON STAFF <input type="checkbox"/> ON VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BEATING <input type="checkbox"/> SPEARING <input type="checkbox"/> GASSING <input type="checkbox"/> STABBING <input type="checkbox"/> POISONING <input type="checkbox"/> STRANGLING <input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER: <input type="checkbox"/> SHOOTING <input type="checkbox"/> SLASHING <input checked="" type="checkbox"/> N/A

SERIOUS INJURY	INMATE WEAPONS	SHOTS FIRED / TYPE WEAPON / FORCE																																																																																
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> CHEMICAL SUBSTANCE <input type="checkbox"/> CLUB / BLUDGEON <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> KNIFE <input type="checkbox"/> SAP/SLUNG SHOT <input type="checkbox"/> PROJECTILE <input type="checkbox"/> SPEAR <input type="checkbox"/> SLASHING INSTRUMENT <input type="checkbox"/> STABBING INSTRUMENT <input type="checkbox"/> OTHER: <input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID: <input type="checkbox"/> UNKNOWN LIQUID <input checked="" type="checkbox"/> N/A	<table border="1"> <tr> <th>WEAPON:</th> <th>WARNING #</th> <th>EFFECT #</th> <th>TYPE:</th> <th>NO:</th> </tr> <tr> <td><input type="checkbox"/> MINI 14</td> <td></td> <td></td> <td>BATON</td> <td>ROUND:</td> </tr> <tr> <td><input type="checkbox"/> 38 CAL.</td> <td></td> <td></td> <td>WOOD</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9MM</td> <td></td> <td></td> <td>RUBBER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SHOTGUN</td> <td></td> <td></td> <td>FOAM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> LAUNCHER:</td> <td></td> <td></td> <td>STINGER:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 37MM</td> <td></td> <td></td> <td>.32 (A)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> L8</td> <td></td> <td></td> <td>.60 (B)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 40MM</td> <td></td> <td></td> <td>EXACT IMPACT</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 40MM MULTI</td> <td></td> <td></td> <td>CTS 4557</td> <td></td> </tr> <tr> <td><input type="checkbox"/> HPWRS</td> <td></td> <td></td> <td>XM 1006</td> <td></td> </tr> <tr> <td><input type="checkbox"/> FORCE:</td> <td></td> <td></td> <td>CHEMICAL:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SIDE-HANDLE BATON</td> <td></td> <td></td> <td><input type="checkbox"/> OC</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> PHYSICAL FORCE</td> <td></td> <td></td> <td><input type="checkbox"/> CN</td> <td></td> </tr> <tr> <td><input type="checkbox"/> X10</td> <td></td> <td></td> <td><input type="checkbox"/> CS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> OTHER:</td> <td></td> <td></td> <td><input type="checkbox"/> N/A</td> <td></td> </tr> </table>	WEAPON:	WARNING #	EFFECT #	TYPE:	NO:	<input type="checkbox"/> MINI 14			BATON	ROUND:	<input type="checkbox"/> 38 CAL.			WOOD		<input type="checkbox"/> 9MM			RUBBER		<input type="checkbox"/> SHOTGUN			FOAM		<input type="checkbox"/> LAUNCHER:			STINGER:		<input type="checkbox"/> 37MM			.32 (A)		<input type="checkbox"/> L8			.60 (B)		<input type="checkbox"/> 40MM			EXACT IMPACT		<input type="checkbox"/> 40MM MULTI			CTS 4557		<input type="checkbox"/> HPWRS			XM 1006		<input type="checkbox"/> FORCE:			CHEMICAL:		<input type="checkbox"/> SIDE-HANDLE BATON			<input type="checkbox"/> OC		<input checked="" type="checkbox"/> PHYSICAL FORCE			<input type="checkbox"/> CN		<input type="checkbox"/> X10			<input type="checkbox"/> CS		<input type="checkbox"/> OTHER:			<input type="checkbox"/> N/A	
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<input type="checkbox"/> OTHER:			<input type="checkbox"/> N/A																																																																															

CONTROLLED SUBSTANCE / WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY
<input type="checkbox"/> POSITIVE UA <input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> LAB <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITURATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA/THC <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> CONTROLLED MEDS <input type="checkbox"/> WITHOUT PACKAGING <input type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input type="checkbox"/> STATE OF EMERGENCY <input type="checkbox"/> IF YES, LIST AFFECTED PROGRAMS: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> EXPLOSION <input type="checkbox"/> FIRE <input type="checkbox"/> GANG/DISRUPTIVE GROUP <input type="checkbox"/> HOSTAGE <input type="checkbox"/> INMATE STRIKE <input type="checkbox"/> MAJOR DISTURBANCE <input type="checkbox"/> MAJOR POWER OUTAGE <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PUBLIC DEMONSTRATION <input type="checkbox"/> SPECIAL INTEREST I/M <input type="checkbox"/> WEATHER <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER: <input type="checkbox"/> EXTRACTION: <input type="checkbox"/> CONTROLLED <input type="checkbox"/> IMMEDIATE <input checked="" type="checkbox"/> N/A

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

On Friday, January 07, 2004, at approximately 15:55 hours in Facility "D" Program Office, Inmate JONES (K-09065, D5-115), committed an act of "Willfully Obstructing a Peace Officer" Necessitating Staff Use of Force - Physical.

COMPLETE SYNOPSIS / SUMMARY ON PART A1

NAME OF REPORTING STAFF (PRINT/TYPE) J. J. Hughes	TITLE Lt	ID # 286976	BADGE # 49316
SIGNATURE OF REPORTING STAFF <i>J. J. Hughes</i>	PHONE EXT. (INCIDENT SITE) 6702	DATE 01/08/05	
NAME OF WARDEN / AOD (PRINT/SIGN) C. M. Jones, J. F. (A)	TITLE FC(A)	DATE 1/8/05	

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART A1 - SUPPLEMENT

CDC 837-A1 (09/03)

DEPARTMENT OF CORRECTIONS

PAGE 2 OF 2

INCIDENT LOG NUMBER
SVP-FDP-05-01-0017

INSTITUTION SVSP	FACILITY D	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
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TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT ☐ SUPPLEMENTAL INFORMATION ☐ AMENDED INFORMATION ☐ CLOSURE REPORT

NARRATIVE:

On Friday, January 07, 2004, at approximately 15:55 hours in the Facility "D" Program Office, Sergeant T. Richardson was conducting an interview with Inmate JONES (K-09065, D5-115) (Disability Displacement Wheelchair) relative to housing. Sergeant L. Washington was present and noticed Inmate JONES wearing a ring (pierced) in his nose. Sergeant Washington then issued a direct verbal order for Inmate JONES to relinquish the ring. Inmate JONES refused to comply and stated that he wanted a receipt first. Inmate JONES then quickly utilized his right hand to reach into his right jacket pocket. Uncertain of Inmate JONES motive, Sergeant Washington grasped and maintained control of Inmate JONES left wrist. Inmate JONES then utilized his right hand to remove the ring from his left nostril and placed the ring in his mouth and swallowed it. Sergeant Washington then relinquished control of Inmate JONES left hand. Inmate JONES was then medically evaluated/examined and subsequently escorted to his assigned cell without incident.

Suspect(s): Inmate JONES (K-09065, D5-115).

Victim(s): N/A.

Use of Force: Sergeant L. Washington utilized physical force.

Escort: Officer's G. Mercado and L. Patino escorted JONES from Facility "D" Program Office to JONES assigned cell (D5-115).

Video Tape: N/A.

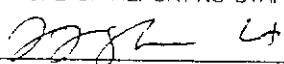
Crime Scene/Evidence: N/A.

Medical Mental Health Evaluation(s)/Treatment: Licensed Vocational Nurse C.F. Hopkins performed a medical evaluation/examination and completed a CDC-7219 medical report on JONES, "No injuries." MHSOS: CCCMS level of care.

Conclusion: JONES will be issued a Serious RVR (CDC-115) for the violation of CCR 3005(b), specifically, "Willfully Obstructing a Peace Officer", a Division "D(6)" offense.

Notifications: This incident will be not referred to the Monterey County District Attorney's office, as it will be best handled on the Administrative level. All appropriate Administrative Staff was notified of this incident. You will be apprised of any further developments in this matter via supplemental reports.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) J. J. Hughes	TITLE Lt	ID # 286976	BADGE # 49316
SIGNATURE OF REPORTING STAFF 		PHONE EXT. (INCIDENT SITE) 6702	DATE 01/08/05
NAME OF WARDEN / AOD (PRINT/SIGN) Lumaw, J. FC(A)		TITLE FC(A)	DATE 1/8/05

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART B1 - INMATE
 CDC 837-B1 (09/03)

PAGE 1 OF 1

INSTITUTION Salinas Valley State Prison				FACILITY Facility D				INCIDENT LOG NUMBER SVP-FDP-05-01-0017			
INMATE (ENTIRE SHEET)											
NAME: LAST JONES		FIRST [REDACTED]		MI	CDC # K09065		SEX M	ETHNICITY BLACK	FBI # [REDACTED]	CII # [REDACTED]	
CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS		CLASS SCORE 229	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC 05 / 28 / 96	DATE REC'D BY INST 08 / 15 / 01	ANTICIPATED RELEASE DATE 01 / 13 / 13	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 07 / 09 / 76	HOUSING ASSIGN. D5-115		
		<input checked="" type="checkbox"/> CCCMS <input type="checkbox"/> MHCB	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	COMMITMENT OFFENSE [REDACTED]				COUNTY OF COMMITMENT [REDACTED]		
DESCRIPTION OF INJURIES: NONE								PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> HOSPITALIZED <input checked="" type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT				NAME/LOCATION OF HOSP./TREAT. FACILITY D5-117							
<input type="checkbox"/> DECEASED DATE: _____				<input type="checkbox"/> N/A							

NAME: LAST		FIRST		MI	CDC #		SEX	ETHNICITY	FBI #	CII #	
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS		CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.		
		<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCB	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	COMMITMENT OFFENSE				COUNTY OF COMMITMENT		
DESCRIPTION OF INJURIES:								PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A			
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT				NAME/LOCATION OF HOSP./TREAT. FACILITY							
<input type="checkbox"/> DECEASED DATE: _____				<input type="checkbox"/> N/A							

NAME: LAST		FIRST		MI	CDC #		SEX	ETHNICITY	FBI #	CII #	
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS		CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.		
		<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCB	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	COMMITMENT OFFENSE				COUNTY OF COMMITMENT		
DESCRIPTION OF INJURIES:								PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A			
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT				NAME/LOCATION OF HOSP./TREAT. FACILITY							
<input type="checkbox"/> DECEASED DATE: _____				<input type="checkbox"/> N/A							

NAME: LAST		FIRST		MI	CDC #		SEX	ETHNICITY	FBI #	CII #	
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS		CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.		
		<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCB	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> N/A	COMMITMENT OFFENSE				COUNTY OF COMMITMENT		
DESCRIPTION OF INJURIES:								PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A			
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT				NAME/LOCATION OF HOSP./TREAT. FACILITY							
<input type="checkbox"/> DECEASED DATE: _____				<input type="checkbox"/> N/A							

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART B2- STAFF
 CDC 837-B2 (09/03)

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INSTITUTION SALINAS VALLEY STATE PRISON	FACILITY D	INCIDENT LOG NUMBER SVP-FDP-05-01-0017
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STAFF (ENTIRE SHEET)

NAME: LAST HUGHES	FIRST [REDACTED]	MI	TITLE LIEUTENANT	SEX M	ETHNICITY WHT	RDO'S S/M
CHECK ONE		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D PROGRAM LT.	

☐ PRIMARY ☐ CAMERA
☐ RESPONDER
☒ WITNESS
☐ VICTIM

DESCRIPTION OF INJURIES:

☒ N/A

<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT			TYPE:	
<input type="checkbox"/> DECEASED DATE:	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST WASHINGTON	FIRST L	MI	TITLE SERGEANT	SEX M	ETHNICITY BLK	RDO'S S/S
CHECK ONE		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION D1&D2 SERGEANT	

☒ PRIMARY ☐ CAMERA
☐ RESPONDER
☐ WITNESS
☐ VICTIM

DESCRIPTION OF INJURIES:

☒ N/A

<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT			TYPE: PHYSICAL	
<input type="checkbox"/> DECEASED DATE:	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST RICHARDSON	FIRST [REDACTED]	MI	TITLE SERGEANT	SEX M	ETHNICITY BLK	RDO'S S/M
CHECK ONE		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D PROGRAM SGT.	

☐ PRIMARY ☐ CAMERA
☐ RESPONDER
☒ WITNESS
☐ VICTIM

DESCRIPTION OF INJURIES:

☒ N/A

<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT			TYPE:	
<input type="checkbox"/> DECEASED DATE:	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST MERCADO	FIRST [REDACTED]	MI	TITLE OFFICER	SEX M	ETHNICITY MEX	RDO'S M/T
CHECK ONE		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D S&E #2	

☐ PRIMARY ☐ CAMERA
☒ RESPONDER
☐ WITNESS
☐ VICTIM

DESCRIPTION OF INJURIES:

☒ N/A

<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT			TYPE:	
<input type="checkbox"/> DECEASED DATE:	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

NAME: LAST PATINO	FIRST [REDACTED]	MI	TITLE OFFICER	SEX F	ETHNICITY MEX	RDO'S T/W
CHECK ONE		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D 2 YARD	

☐ PRIMARY ☐ CAMERA
☐ RESPONDER
☒ WITNESS
☐ VICTIM

DESCRIPTION OF INJURIES:

☒ N/A

<input type="checkbox"/> HOSPITALIZED	<input type="checkbox"/> TREATED & RELEASED	NAME/LOCATION OF HOSP./TREAT. FACILITY	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> REFUSED TREATMENT			TYPE:	
<input type="checkbox"/> DECEASED DATE:	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A		

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

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CDC 837-B2 (09/03)

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INSTITUTION SALINAS VALLEY STATE PRISON	FACILITY D	INCIDENT LOG NUMBER SVP-FDP-05-01-0017
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STAFF (ENTIRE SHEET)

NAME: LAST HOPKINS		FIRST [REDACTED]		MI	TITLE LVN	SEX F	ETHNICITY BLK	RDO'S T/W
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE #	ID # [REDACTED]	POST ASSIGN. #		POSITION FACILITY D MEDICAL		
DESCRIPTION OF INJURIES:		<input checked="" type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED		NAME/LOCATION OF HOSP./TREAT. FACILITY		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<input type="checkbox"/> REFUSED TREATMENT				TYPE:				
<input type="checkbox"/> DECEASED DATE: _____		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A				
NAME: LAST		FIRST		MI	TITLE	SEX	ETHNICITY	RDO'S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE #	ID #	POST ASSIGN. #		POSITION		
DESCRIPTION OF INJURIES:		<input type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED		NAME/LOCATION OF HOSP./TREAT. FACILITY		USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO		PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> REFUSED TREATMENT				TYPE: PHYSICAL				
<input type="checkbox"/> DECEASED DATE: _____		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A				
NAME: LAST		FIRST		MI	TITLE	SEX	ETHNICITY	RDO'S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE #	ID #	POST ASSIGN. #		POSITION		
DESCRIPTION OF INJURIES:		<input type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED		NAME/LOCATION OF HOSP./TREAT. FACILITY		USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO		PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> REFUSED TREATMENT				TYPE:				
<input type="checkbox"/> DECEASED DATE: _____		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A				
NAME: LAST		FIRST		MI	TITLE	SEX	ETHNICITY	RDO'S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE #	ID #	POST ASSIGN. #		POSITION		
DESCRIPTION OF INJURIES:		<input type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED		NAME/LOCATION OF HOSP./TREAT. FACILITY		USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO		PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> REFUSED TREATMENT				TYPE:				
<input type="checkbox"/> DECEASED DATE: _____		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A				
NAME: LAST		FIRST		MI	TITLE	SEX	ETHNICITY	RDO'S
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE #	ID #	POST ASSIGN. #		POSITION		
DESCRIPTION OF INJURIES:		<input type="checkbox"/> N/A						
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED		NAME/LOCATION OF HOSP./TREAT. FACILITY		USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO		PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> REFUSED TREATMENT				TYPE:				
<input type="checkbox"/> DECEASED DATE: _____		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A				

STATE OF CALIFORNIA

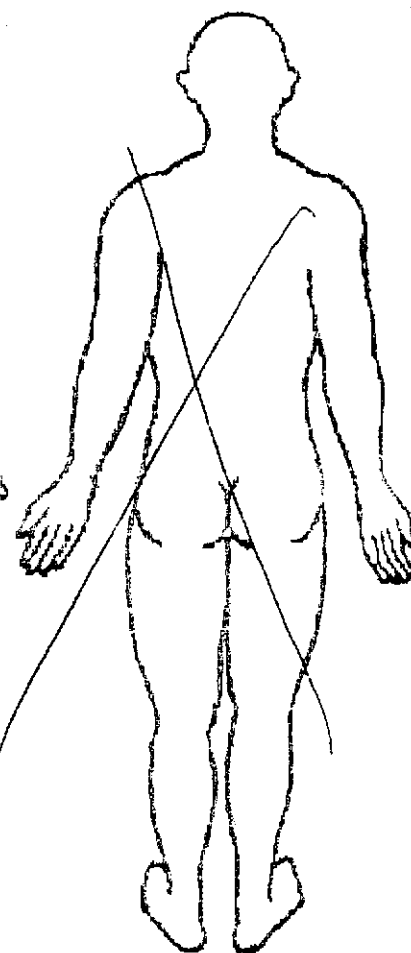
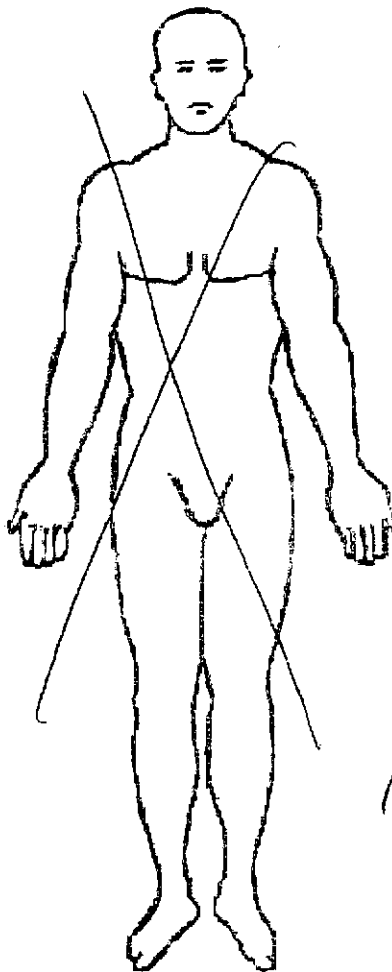
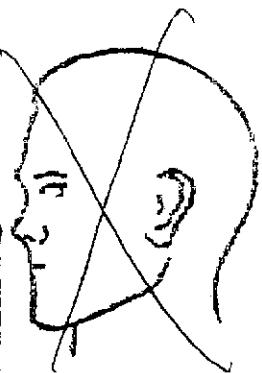
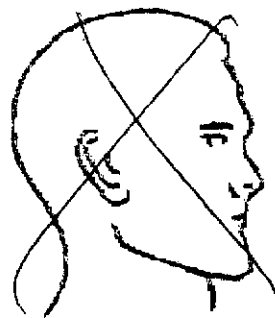
DEPARTMENT OF CORRECTION

MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION <u>SKSP</u>	FACILITY/UNIT <u>Dyad</u>	REASON FOR REPORT (circle) INJURY <u>UNUSUAL OCCURRENCE</u>	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE <u>1/7/05</u>
THIS SECTION FOR INMATE ONLY	NAME LAST <u>Jones</u>	FIRST <u>Malik</u>	CDC NUMBER <u>K19065</u>	HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB
	HOME ADDRESS	CITY	STATE	ZIP
PLACE OF OCCURRENCE <u>Dyad</u>	DATE/TIME OF OCCURRENCE <u>1/7/05 1905</u>	NAME OF WITNESS(ES)		
TIME NOTIFIED <u>1900</u>	TIME SEEN <u>1905</u>	ESCORTED BY	MODE OF ARRIVAL (circle) LITTER AMBULATORY <u>ON SITE</u>	WHEELCHAIR
			AGE <u>26</u>	RACE <u>A</u>
			SEX <u>M</u>	
BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE				

"No statement"

INJURIES FOUND?	YES/NO
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Swollen Area	16
Other	17
	18
	19
O.C. SPRAY EXPOSURE?	YES/NO
DECONTAMINATED?	YES/NO
Self-decontamination instructions given?	YES/NO
Refused decontamination?	YES/NO
Q15 min. checks	
Staff issued exposure packet?	YES/NO



RN NOTIFIED/TIME <u>N/A</u>	PHYSICIAN NOTIFIED/TIME <u>N/A</u>
TIME/DISPOSITION <u>1905</u> <u>RTC</u>	

REPORT COMPLETED BY/TITLE (PRINT AND SIGN) <u>CF Hopkins</u>	BADGE # <u>286355</u>	RDOs <u>T/H</u>
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(Medical data is to be included in progress note or emergency care record filed in IHR)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)
PAGE 1 OF 1INCIDENT LOG NUMBER
SVP-FDP-05-01-0017

NAME LAST Washington	FIRST L.	MI	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
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POST # 340376	POSITION D1&D2 SERGEANT	YEARS OF SERVICE 14 YR 2 MO.	DATE OF REPORT 01/07/05	LOCATION OF INCIDENT FACILITY D PROGRAM
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RDO's S/S	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT OBSTRUCTING A PEACE OFFICER/USE OF FORCE PHYSICAL	CCR SECTION / RULE 3005 (b)	<input type="checkbox"/> N/A
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	T. Richardson (S)	Jones K-25609 (S) <i>K-09065</i>
<input type="checkbox"/> RESPONDER		
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A <input type="checkbox"/> HFWRs <input type="checkbox"/> BATON	TYPE: NO: NO: 37 MM _____ 9 MM _____ L8 _____ 38 CAL _____ 40 MM _____ MINI-14 _____ 40 MULTI _____ <input checked="" type="checkbox"/> N/A SHOTGUN _____
FORCE OBSERVED BY YOU <input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE	CHEM. TYPE: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER: _____	

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:

On January 7, 2005, at approximately 1555 hours, I gave Inmate Jones K-09065, FDB5-115L, a direct order to hand over the earring he had secreted in his left nostril area. I explained to Jones that earrings are considered contraband at Salinas Valley State Prison. Jones refused this order by stating, "No", "give me a receipt first." It was explained to Jones a receipt would be forthcoming as soon as he relinquished the earring. At this time, I had my right hand out in front of Jones awaiting the placement of the earring. I gave Jones several more orders to hand over the earring with negative results. Jones suddenly with a very quick motion, utilized his right hand and reached into his right jacket pocket. Fearing for the safety of staff and myself and not sure of what Jones was reaching for, I utilized my right hand and grabbed his left wrist and my left hand to maintain control of his left hand. At the same instance, Jones removed his right hand from his jacket pocket. Jones right hand was closed obstructing my ability to see the inner portion of his right hand. Jones then placed his right hand near his mouth as if he placed something within his mouth. At this time, I released Jones left hand and wrist. Jones then reached for the earring with his right hand and placed his right hand to his mouth area and stated, "I swallowed it." Jones is aware of this report and its specific charges. There was no use of force other than physical force utilized as a result of this incident. This completes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>X. Washington Jr.</i>	TITLE Sergeant	BADGE # 44966	ID # 286188	DATE 01/07/05
NAME AND TITLE OF REVIEWER (PRINT, SIGNATURE) <i>Hylles J. C. Jr.</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)
PAGE 1 OF 1INCIDENT LOG NUMBER
SVP-FDP-05-01-0017

NAME: LAST RICHARDSON		FIRST T		MI	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
POST # 340340	POSITION FAC D HSG SGT.	YEARS OF SERVICE 9 YR. 9 MO.		DATE OF REPORT 01/07/05	LOCATION OF INCIDENT Facility D Program	
RDO's S/M	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT Obstructing A Peace Officer/Use of Physical Force			CCR SECTION / RULE 3005(b) <input type="checkbox"/> N/A	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY	(S)SGT. L. WASHINGTON	(S)JONES K-25609 <i>TR</i>
<input type="checkbox"/> RESPONDER	(S)SGT. T. RICHARDSON	<i>K 09005</i>
<input checked="" type="checkbox"/> WITNESS		
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE FORCE OBSERVED BY YOU <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A <input type="checkbox"/> HFWRS <input type="checkbox"/> BATON CHEM. TYPE: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER:	TYPE: NO: NO: 37 MM _____ 9 MM _____ L8 _____ 38 CAL _____ 40 MM _____ MINI-14 _____ 40 MULTI _____ <input checked="" type="checkbox"/> N/A SHOTGUN _____

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:

On January 07, 2005 at approximately 1555 hours while performing my duties as Facility D Housing Sergeant, I was conducting an interview with Inmate Jones (K-25609 D5115). Correctional Sergeant Washington gave Inmate Jones approximately three direct orders to remove his earring from his left nostril. Inmate Jones refused and replied he wanted a receipt first. Correctional Sergeant Washington informed Inmate Jones he will provide him with a receipt when he removes the earring. Inmate Jones made a sudden movement with his right hand into his right coat pocket. Correctional Sergeant Washington grabbed the left wrist of Inmate Jones to gain control. Inmate Jones placed his hands near his mouth and attempting to place something in it, when Sergeant Washington ordered Inmate Jones to surrender the earring, Inmate Jones said "I swallowed it". Inmate Jones was escorted to his assigned housing without further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>T. Richardson</i>	TITLE SERGEANT	BADGE # 51417	ID # 2863352	DATE 01/07/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) Hughes, S. <i>[Signature]</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT

PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 1INCIDENT LOG NUMBER 00176
SVSP-FDP-05-010017

NAME: LAST MERCADO	FIRST G	MI M	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
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POST # 341456	POSITION FAC D S&E #2	YEARS OF SERVICE 1 YR. 9 MO.	DATE OF REPORT 01/07/05	LOCATION OF INCIDENT FAC D Program
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RDO's M/T	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT Obstructing willfully resisting a p/o with use of physical force	CCR SECTION / RULE 3005 (b)	<input type="checkbox"/> N/A
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY	LT. HUGHES	JONES K-09065 (S)
<input checked="" type="checkbox"/> RESPONDER	SGT. L WASHINGTON	
<input type="checkbox"/> WITNESS	C/O L. PATINO	
<input type="checkbox"/> VICTIM	C/O G. MERCADO	
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU																		
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A <input type="checkbox"/> HFWRS <input type="checkbox"/> BATON	<table border="1"> <tr> <th>TYPE:</th> <th>NO:</th> <th>NO:</th> </tr> <tr> <td>37 MM</td> <td></td> <td>9 MM</td> </tr> <tr> <td>L8</td> <td></td> <td>38 CAL</td> </tr> <tr> <td>40 MM</td> <td></td> <td>MINI-14</td> </tr> <tr> <td>40 MULTI</td> <td></td> <td><input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td>SHOTGUN</td> <td></td> <td></td> </tr> </table>	TYPE:	NO:	NO:	37 MM		9 MM	L8		38 CAL	40 MM		MINI-14	40 MULTI		<input checked="" type="checkbox"/> N/A	SHOTGUN		
TYPE:	NO:	NO:																		
37 MM		9 MM																		
L8		38 CAL																		
40 MM		MINI-14																		
40 MULTI		<input checked="" type="checkbox"/> N/A																		
SHOTGUN																				

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:

On Friday January 7 2005, at approximately 1555 hours while performing my duties a Facility D S&E # 2 I was instructed by Sgt. L. Washington to escort Inmate Jones to facility D5 cell 115 without any further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE C/O	BADGE # 67398	ID # 2863049	DATE 1/7/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>L. Washington</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT

PART C- STAFF REPORT

CDC 837-C (Rev. 09/03)

PAGE 1 OF 1

INCIDENT LOG NUMBER
SVSP-FDP-05-01-017

NAME: LAST PATINO	FIRST L.	MI M	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
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POST # 342492	POSITION FAC D 2 Yard	YEARS OF SERVICE 1 YR. 10 MO.	DATE OF REPORT 01/07/05	LOCATION OF INCIDENT FAC D Program
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RDO's T/W	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT willfully resisting a p/o with use of physical force	CCR SECTION / RULE 3005 (b)	<input type="checkbox"/> N/A
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input type="checkbox"/> PRIMARY	LT. HUGHES	JONES K-09065 (S)
<input checked="" type="checkbox"/> RESPONDER	SGT. L WASHINGTON	
<input type="checkbox"/> WITNESS	C/O L. PATINO	
<input type="checkbox"/> VICTIM	C/O G. MERCADO	
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> 40 MM <input type="checkbox"/> HFWRS	<input type="checkbox"/> 37 MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input type="checkbox"/> SHOTGUN
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER:	<input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> MINI-14 <input checked="" type="checkbox"/> N/A

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> NO

NARRATIVE:

On Friday January 7, 2005, at approximately 1555 hours while performing my duties as Facility D 2 Yard Officer I was instructed by Sgt. L. Washington to escort Inmate Jones to facility D, building 5, cell 115 without any further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>L. Patino</i>	TITLE C/O	BADGE # 66674	ID # 2862805	DATE 1/7/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>Sgt. L. Washington</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

804 to Records: _____ Date: _____
STATE OF CALIFORNIA

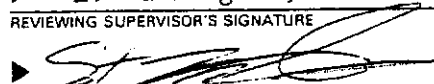
DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER K-09065	INMATE'S NAME JONES	RELEASE/BOARD DATE	INST. SVSP	HOUSING NO. D5-115	LOG NO. FD-05-01-1
VIOLATED RULE NO(S) CCR §3005(b)		SPECIFIC ACTS Willfully Obstructing A Peace Officer	LOCATION "D" PROGRAM	DATE 01/07/05	TIME 1555 hours
CIRCUMSTANCES					

On January 7, 2005, at approximately 1555 hours, I gave Inmate JONES (K-09065, D5-115), a direct order to hand over the earring he had secreted in his left nostril area. I explained to JONES that earrings are considered contraband at Salinas Valley State Prison, JONES refused this order by stating, "NO", "give me a receipt first." It was explained to JONES that a receipt would be forthcoming as soon as he relinquished the earring. At this time, I had my right hand out in front of JONES awaiting the placement of the earring. I gave JONES several more orders to hand over the earring with negative results. JONES suddenly with a very quick motion, utilized his right hand and reached into his right jacket pocket. Fearing for the safety of staff and myself and not sure of what JONES was reaching for, I utilized my right hand and grabbed his left wrist and my left hand to maintain control of his left hand. At the same instance, JONES removed his right hand from his jacket pocket. JONES right hand was closed obstructing my ability to see the inner part of his right hand. JONES then placed his right hand near his mouth as if he placed something within his mouth. At this time, I released JONES left hand and wrist. JONES then reached for the earring with his right hand and placed his right hand to his mouth area and stated, "I swallowed it." Jones is aware of this report and it's specific charges. There was no use of force other than physical force utilized as a result of this incident. This completes my report. Inmate JONES is a participant in the Mental Health Delivery Services System at the CCMS level of care.

REPORTING EMPLOYEE (Typed Name and Signature) L. Washington, Correctional Sergeant	DATE	ASSIGNMENT D1 & D2 Sergeant	RDO'S S/S
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REVIEWING SUPERVISOR'S SIGNATURE 	DATE 1/12/05	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING
--	-----------------	--

CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: D	DATE 1-12-05	CLASSIFIED BY (Typed Name and Signature) 22 JL LA Hughes	HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/>
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COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE)	DATE	TIME	TITLE OF SUPPLEMENT
	►			
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER	BY: (STAFF'S SIGNATURE)	DATE	TIME	BY: (STAFF'S SIGNATURE)
FD-05-01-0017	►			►

HEARING

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)	SIGNATURE ►	DATE	TIME
REVIEWED BY: (SIGNATURE) ►	DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE ►	DATE
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING ►	BY: (STAFF'S SIGNATURE)	DATE	TIME

DEPARTMENT OF CORRECTIONS

FORNIA

INCIDENT REPORT PART A - COVER SHEET CDC 837-A (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER
SVP-FDP-05-01-0017INCIDENT DATE
01/07/05INCIDENT TIME
15:55

INSTITUTION SVSP	FACILITY D	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV	INCIDENT SITE FACILITY D	LOCATION PROGRAM OFFICE	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> PHU <input type="checkbox"/> SNY <input checked="" type="checkbox"/> GP <input type="checkbox"/> CTC <input type="checkbox"/> RC SEG. YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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SPECIFIC CRIME / INCIDENT

OBSTRUCTING A PEACE OFFICER/ USE OF PHYSICAL FORCE

☒ CCR ☐ PC ☐ N/A
 NUMBER/SUBSECTION: 3005 (B)

D. A. REFERRAL ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SERT ACTIVATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NMT ACTIVATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MUTUAL AID REQUEST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PIO/AA NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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RELATED INFORMATION (CHECK ALL THAT APPLY)

DEATH	CAUSE OF DEATH	ASSAULT/BATTERY	TYPE OF ASSAULT / BATTERY	
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> EXECUTION <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OVERDOSE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ON INMATE <input type="checkbox"/> ON STAFF <input type="checkbox"/> ON VISITOR <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BEATING <input type="checkbox"/> GASSING <input type="checkbox"/> POISONING <input type="checkbox"/> SEXUAL <input type="checkbox"/> SHOOTING <input type="checkbox"/> SLASHING	<input type="checkbox"/> SPEARING <input type="checkbox"/> STABBING <input type="checkbox"/> STRANGLING <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/> N/A

SERIOUS INJURY	INMATE WEAPONS		SHOTS FIRED / TYPE WEAPON / FORCE			
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> CHEMICAL SUBSTANCE <input type="checkbox"/> CLUB / BLUDGEON <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> KNIFE <input type="checkbox"/> SAP/SLUNG SHOT <input type="checkbox"/> PROJECTILE <input type="checkbox"/> SPEAR <input type="checkbox"/> SLASHING INSTRUMENT <input type="checkbox"/> STABBING INSTRUMENT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID: _____ <input type="checkbox"/> UNKNOWN LIQUID <input checked="" type="checkbox"/> N/A	TYPE: <input type="checkbox"/> COMMERCIAL WEAPON <input type="checkbox"/> INMATE MANUFACTURED WEAPON	WEAPON: <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40MM MULTI <input type="checkbox"/> HFWRS FORCE: <input type="checkbox"/> SIDE-HANDLE BATON <input checked="" type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X10 <input type="checkbox"/> OTHER: _____	WARNING # _____ EFFECT # _____	TYPE: BATON ROUND: WOOD _____ RUBBER _____ FOAM _____ STINGER: .32(A) _____ .60(B) _____ EXACT IMPACT CTS 4557 _____ XM 1006 _____ CHEMICAL: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> N/A	NO: _____

CONTROLLED SUBSTANCE / WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY
<input type="checkbox"/> POSITIVE UA <input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> LAB <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITURATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA/THC <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> CONTROLLED MEDS <input type="checkbox"/> WITHOUT PACKAGING <input type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input type="checkbox"/> STATE OF EMERGENCY IF YES, LIST AFFECTED PROGRAMS: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> EXPLOSION <input type="checkbox"/> FIRE <input type="checkbox"/> GANG/DISRUPTIVE GROUP <input type="checkbox"/> HOSTAGE <input type="checkbox"/> INMATE STRIKE <input type="checkbox"/> MAJOR DISTURBANCE <input type="checkbox"/> MAJOR POWER OUTAGE <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PUBLIC DEMONSTRATION <input type="checkbox"/> SPECIAL INTEREST I/M <input type="checkbox"/> WEATHER <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER: _____ EXTRACTION: <input type="checkbox"/> CONTROLLED <input type="checkbox"/> IMMEDIATE <input checked="" type="checkbox"/> N/A

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

On Friday, January 07, 2004, at approximately 15:55 hours in Facility "D" Program Office, Inmate JONES (K-09065, D5-115), committed an act of "Willfully Obstructing a Peace Officer" Necessitating Staff Use of Force - Physical.

COMPLETE SYNOPSIS / SUMMARY ON PART A1

NAME OF REPORTING STAFF (PRINT/TYPE) J. J. Hughes	TITLE Lt	ID # 286976	BADGE # 49316
SIGNATURE OF REPORTING STAFF <i>J. J. Hughes</i>	PHONE EXT. (INCIDENT SITE) 6702	DATE 01/08/05	
NAME OF WARDEN / AOC (PRINT/SIGN) C. J. Jones, J. F(A)	TITLE FC(A)	DATE 1/8/05	

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART A1 - SUPPLEMENT
 CDC 837-A1 (09/03)
PAGE 2 OF 2INCIDENT LOG NUMBER
SVP-FDP-05-01-0017

INSTITUTION SVSP	FACILITY D	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
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TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT
 ☐ SUPPLEMENTAL INFORMATION
 ☐ AMENDED INFORMATION
 ☐ CLOSURE REPORT
NARRATIVE:

On Friday, January 07, 2004, at approximately 15:55 hours in the Facility "D" Program Office, Sergeant T. Richardson was conducting an interview with Inmate JONES (K-09065, D5-115) (Disability Displacement Wheelchair) relative to housing. Sergeant L. Washington was present and noticed Inmate JONES wearing a ring (pierced) in his nose. Sergeant Washington then issued a direct verbal order for Inmate JONES to relinquish the ring. Inmate JONES refused to comply and stated that he wanted a receipt first. Inmate JONES then quickly utilized his right hand to reach into his right jacket pocket. Uncertain of Inmate JONES motive, Sergeant Washington grasped and maintained control of Inmate JONES left wrist. Inmate JONES then utilized his right hand to remove the ring from his left nostril and placed the ring in his mouth and swallowed it. Sergeant Washington then relinquished control of Inmate JONES left hand. Inmate JONES was then medically evaluated/examined and subsequently escorted to his assigned cell without incident.

Suspect(s): Inmate JONES (K-09065, D5-115).

Victim(s): N/A.

Use of Force: Sergeant L. Washington utilized physical force.

Escort: Officer's G. Mercado and L. Patino escorted JONES from Facility "D" Program Office to JONES assigned cell (D5-115).

Video Tape: N/A.

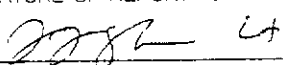
Crime Scene/Evidence: N/A.

Medical Mental Health Evaluation(s)/Treatment: Licensed Vocational Nurse C.F. Hopkins performed a medical evaluation/examination and completed a CDC-7219 medical report on JONES, "No injuries." MHSDS: CCCMS level of care.

Conclusion: JONES will be issued a Serious RVR (CDC-115) for the violation of CCR 3005(b), specifically, "Willfully Obstructing a Peace Officer", a Division "D(6)" offense.

Notifications: This incident will be not referred to the Monterey County District Attorney's office, as it will be best handled on the Administrative level. All appropriate Administrative Staff was notified of this incident. You will be apprised of any further developments in this matter via supplemental reports.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) J. J. Hughes	TITLE Lt	ID # 286976	BADGE # 49316
SIGNATURE OF REPORTING STAFF 		PHONE EXT. (INCIDENT SITE) 6702	DATE 01/08/05
NAME OF WARDEN / AOD (PRINT/SIGN) Lumaw, J FC(A)		TITLE FC(A)	DATE 1/8/05

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART B1 - INMATE
CDC 837-B1 (09/03)
PAGE 1 OF 1

INSTITUTION Salinas Valley State Prison	FACILITY Facility D	INCIDENT LOG NUMBER SVP-FDP-05-01-0017
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INMATE (ENTIRE SHEET)

NAME: LAST JONES	FIRST [REDACTED]	MI [REDACTED]	CDC # K09065	SEX M	ETHNICITY BLACK	FBI # [REDACTED]	CII # [REDACTED]	
CHECK ONE	CLASS SCORE 229	PV RTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE REC'D BY CDC 05 / 28 / 96	DATE REC'D BY INST 08 / 15 / 01	ANTICIPATED RELEASE DATE 01 / 13 / 13	EXTRACTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DOB 07 / 09 / 76	HOUSING ASSIGN. D5-115
<input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<input checked="" type="checkbox"/> CCCMS <input type="checkbox"/> MHCBS	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> DMH <input type="checkbox"/> N/A	COMMITMENT OFFENSE [REDACTED]			COUNTY OF COMMITMENT [REDACTED]	

DESCRIPTION OF INJURIES: NONE	PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> HOSPITALIZED <input checked="" type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	NAME/LOCATION OF HOSP./TREAT. FACILITY D5-117

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #	
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCBS	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> DMH <input type="checkbox"/> N/A	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	

DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A	PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	NAME/LOCATION OF HOSP./TREAT. FACILITY N/A

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #	
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCBS	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> DMH <input type="checkbox"/> N/A	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	

DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A	PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	NAME/LOCATION OF HOSP./TREAT. FACILITY N/A

NAME: LAST	FIRST	MI	CDC #	SEX	ETHNICITY	FBI #	CII #	
CHECK ONE	CLASS SCORE	PV RTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC / /	DATE REC'D BY INST / /	ANTICIPATED RELEASE DATE / /	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB / /	HOUSING ASSIGN.
<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	<input type="checkbox"/> CCCMS <input type="checkbox"/> MHCBS	<input type="checkbox"/> EOP <input type="checkbox"/> DDP	<input type="checkbox"/> DPP <input type="checkbox"/> DMH <input type="checkbox"/> N/A	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	

DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A	PRISON GANG / DISRUPTIVE GROUP <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> N/A
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	NAME/LOCATION OF HOSP./TREAT. FACILITY N/A

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART B2- STAFF
 CDC 837-B2 (09/03)

PAGE 1 OF 2

INSTITUTION SALINAS VALLEY STATE PRISON	FACILITY D	INCIDENT LOG NUMBER SVP-FDP-05-01-0017
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STAFF (ENTIRE SHEET)

NAME: LAST HUGHES	FIRST [REDACTED]	MI	TITLE LIEUTENANT	SEX M	ETHNICITY WHT	RDO'S S/M
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D PROGRAM LT.	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE:						
NAME: LAST WASHINGTON	FIRST L	MI	TITLE SERGEANT	SEX M	ETHNICITY BLK	RDO'S S/S
CHECK ONE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION D1&D2 SERGEANT	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: PHYSICAL		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE:						
NAME: LAST RICHARDSON	FIRST [REDACTED]	MI	TITLE SERGEANT	SEX M	ETHNICITY BLK	RDO'S S/M
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D PROGRAM SGT.	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE:						
NAME: LAST MERCADO	FIRST [REDACTED]	MI	TITLE OFFICER	SEX M	ETHNICITY MEX	RDO'S M/T
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D S&E #2	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE:						
NAME: LAST PATINO	FIRST [REDACTED]	MI	TITLE OFFICER	SEX F	ETHNICITY MEX	RDO'S T/W
CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM		BADGE # [REDACTED]	ID # [REDACTED]	POST ASSIGN. # [REDACTED]	POSITION FACILITY D 2 YARD	
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A		NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A		USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:		PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE:						

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART B2- STAFF

CDC 837-B2 (09/03)

DEPARTMENT OF CORRECTIONS

PAGE 2 OF 2

INSTITUTION SALINAS VALLEY STATE PRISON	FACILITY D	INCIDENT LOG NUMBER SVP-FDP-05-01-0017
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STAFF (ENTIRE SHEET)

NAME: LAST HOPKINS	FIRST [REDACTED]	MI	TITLE LVN	SEX F	ETHNICITY BLK	RDO'S T/W
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	ID # [REDACTED]	POST ASSIGN. #	POSITION FACILITY D MEDICAL
DESCRIPTION OF INJURIES: <input checked="" type="checkbox"/> N/A				

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> TREATED & RELEASED <input checked="" type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input checked="" type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--	---	--	---

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	ID #	POST ASSIGN. #	POSITION
DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A				

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: PHYSICAL	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	ID #	POST ASSIGN. #	POSITION
DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A				

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--	---	--

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
------------	-------	----	-------	-----	-----------	-------

CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	ID #	POST ASSIGN. #	POSITION
DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A				

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--	---	--

NAME: LAST	FIRST	MI	TITLE	SEX	ETHNICITY	RDO'S
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CHECK ONE <input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM	BADGE #	ID #	POST ASSIGN. #	POSITION
DESCRIPTION OF INJURIES: <input type="checkbox"/> N/A				

<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE: _____	<input type="checkbox"/> TREATED & RELEASED <input type="checkbox"/> N/A	NAME/LOCATION OF HOSP./TREAT. FACILITY <input type="checkbox"/> N/A	USED FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	PROCESSED EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)
PAGE 1 OF 1INCIDENT LOG NUMBER
SVP-FDP-05-01-0017

NAME: LAST Washington		FIRST L.		MI	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
POST # 340376	POSITION D1&D2 SERGEANT	YEARS OF SERVICE 14 YR. 2 MO.	DATE OF REPORT 01/07/05		LOCATION OF INCIDENT FACILITY D PROGRAM	
RDO's S/S	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT OBSTRUCTING A PEACE OFFICER/USE OF FORCE PHYSICAL			CCR SECTION / RULE <input type="checkbox"/> N/A 3005 (b)	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	T. Richardson (S)	Jones K-25609 (S) <i>en</i> K-09065
<input type="checkbox"/> RESPONDER		
<input type="checkbox"/> WITNESS		
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS USED BY YOU	SHOTS FIRED BY YOU
<input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> NONE	<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> LB <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A <input type="checkbox"/> HFWRS <input type="checkbox"/> BATON	TYPE: NO: NO: 37 MM _____ 9 MM _____ LB _____ 38 CAL _____ 40 MM _____ MINI-14 _____ 40 MULTI _____ <input checked="" type="checkbox"/> N/A SHOTGUN _____
FORCE OBSERVED BY YOU <input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE	CHEM. TYPE: <input type="checkbox"/> OC _____ <input type="checkbox"/> CN _____ <input type="checkbox"/> CS _____ <input type="checkbox"/> OTHER: _____	

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:

On January 7, 2005, at approximately 1555 hours, I gave Inmate Jones K-09065, FDB5-115L, a direct order to hand over the earring he had secreted in his left nostril area. I explained to Jones that earrings are considered contraband at Salinas Valley State Prison. Jones refused this order by stating, "No", "give me a receipt first." It was explained to Jones a receipt would be forthcoming as soon as he relinquished the earring. At this time, I had my right hand out in front of Jones awaiting the placement of the earring. I gave Jones several more orders to hand over the earring with negative results. Jones suddenly with a very quick motion, utilized his right hand and reached into his right jacket pocket. Fearing for the safety of staff and myself and not sure of what Jones was reaching for, I utilized my right hand and grabbed his left wrist and my left hand to maintain control of his left hand. At the same instance, Jones removed his right hand from his jacket pocket. Jones right hand was closed obstructing my ability to see the inner portion of his right hand. Jones then placed his right hand near his mouth as if he placed something within his mouth. At this time, I released Jones left hand and wrist. Jones then reached for the earring with his right hand and placed his right hand to his mouth area and stated, "I swallowed it." Jones is aware of this report and its specific charges. There was no use of force other than physical force utilized as a result of this incident. This completes my report.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>L. Washington Jr.</i>	TITLE Sergeant	BADGE # 44966	ID # 286188	DATE 01/07/05
NAME AND TITLE OF REVIEWER (PRINT + SIGNATURE) <i>Huyler J. L. Jr.</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
CDC 837-C (Rev. 09/03)

DEPARTMENT OF CORRECTIONS

NAME: LAST RICHARDSON		FIRST T		PAGE 1 OF 1		INCIDENT LOG NUMBER SVP-FDP-05-01-0017	
POST # 340340	POSITION FAC D HSG SGT.	YEARS OF SERVICE 9 YR 9 MO.		DATE OF REPORT 01/07/05	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55	
RDO's S/M	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT Obstructing A Peace Officer/Use of Physical Force			LOCATION OF INCIDENT Facility D Program		
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)			CCR SECTION / RULE 3005(b) <input type="checkbox"/> N/A		
<input type="checkbox"/> PRIMARY <input type="checkbox"/> RESPONDER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> CAMERA		(S)SGT.L.WASHINGTON (S)SGT.T.RICHARDSON			INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS) (S)JONES K-25609 <i>TC</i> <i>K09005</i>		
FORCE USED BY YOU		WEAPONS USED BY YOU			SHOTS FIRED BY YOU		
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> NONE		<input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> 37 MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A <input type="checkbox"/> HFWS <input type="checkbox"/> BATON			CHEM. TYPE: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A		
FORCE OBSERVED BY YOU					TYPE: NO: NO: 37 MM _____ 9 MM _____ L8 _____ 38 CAL _____ 40 MM _____ MINI-14 _____ 40 MULTI _____ SHOTGUN _____ <input checked="" type="checkbox"/> N/A		
EVIDENCE COLLECTED BY YOU		EVIDENCE DESCRIPTION			EVIDENCE DISPOSITION		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A			<input checked="" type="checkbox"/> N/A		
REPORTING STAFF INJURED		DESCRIPTION OF INJURY			LOCATION TREATED (HOSPITAL / CLINIC)		BIO HAZARD
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A			<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PPE		FLUID EXPOSURE			SCIF 3301 / 3067 COMPLETED		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

NARRATIVE:

On January 07, 2005 at approximately 1555 hours while performing my duties as Facility D Housing Sergeant, I was conducting an interview with Inmate Jones (K-25609, D5115). Correctional Sergeant Washington gave Inmate Jones approximately three direct orders to remove his earring from his left nostril. Inmate Jones refused and replied he wanted a receipt first. Correctional Sergeant Washington informed Inmate Jones he will provide him with a receipt when he removes the earring. Inmate Jones made a sudden movement with his right hand into his right coat pocket, Correctional Sergeant Washington grabbed the left wrist of Inmate Jones to gain control. Inmate Jones placed his hands near his mouth and attempting to place something in it, when Sergeant Washington ordered Inmate Jones to surrender the earring, Inmate Jones said " I swallowed it ". Inmate Jones was escorted to his assigned housing without further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>T. Richardson</i>		TITLE SERGEANT	BADGE # 51417	ID # 2863352	DATE 01/07/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>Itzhak S. G.</i>		DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

STATE OF CALIFORNIA

**CRIME / INCIDENT REPORT
PART C- STAFF REPORT**

CDC 837-C (Rev. 09/03)

DEPARTMENT OF CORRECTIONS

NAME: LAST MERCADO		FIRST G		PAGE <u>1</u> OF <u>1</u>		INCIDENT LOG NUMBER SVSP-FDP-05-010047 <i>00176</i>	
POST # 341456	POSITION FAC D S&E #2	YEARS OF SERVICE 1 YR. 9 MO.	DATE OF REPORT 01/07/05	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55		
RDO's M/T	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT <i>OBSTRUCTING</i> willfully resisting a p/o with use of physical force			CCR SECTION / RULE <input type="checkbox"/> N/A 3005 (b)		
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)			
<input type="checkbox"/> PRIMARY		LT. HUGHES		JONES K-09065 (S)			
<input checked="" type="checkbox"/> RESPONDER		SGT. L WASHINGTON					
<input type="checkbox"/> WITNESS		C/O L. PATINO					
<input type="checkbox"/> VICTIM		C/O G. MERCADO					
<input type="checkbox"/> CAMERA							
FORCE USED BY YOU		WEAPONS USED BY YOU		SHOTS FIRED BY YOU			
<input type="checkbox"/> WEAPON		<input type="checkbox"/> MINI-14		TYPE: NO: NO:			
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 9 MM		37 MM _____ 9 MM _____			
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 38 CAL		L8 _____ 38 CAL _____			
FORCE OBSERVED BY YOU		<input type="checkbox"/> SHOTGUN		40 MM _____ MINI-14 _____			
<input type="checkbox"/> WEAPON		<input type="checkbox"/> 37 MM <input type="checkbox"/> L8		40 MULTI _____ <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MULTI <input checked="" type="checkbox"/> N/A		SHOTGUN _____			
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> HFWRs <input type="checkbox"/> BATON					
EVIDENCE COLLECTED BY YOU		EVIDENCE DESCRIPTION		EVIDENCE DISPOSITION		BIO HAZARD	PPE
<input type="checkbox"/> YES						<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED	DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)		FLUID EXPOSURE		SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES					<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> UNKNOWN		<input checked="" type="checkbox"/> NO
					<input type="checkbox"/> OTHER: _____		

NARRATIVE:

On Friday January 7 2005, at approximately 1555 hours while performing my duties a Facility D S&E # 2 I was instructed by Sgt. L. Washington to escort Inmate Jones to facility D5 cell 115 without any further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE C/O	BADGE # 67398	ID # 2863049	DATE 1/7/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>L. Washington</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT
PART C- STAFF REPORT
 CDC 837-C (Rev. 09/03)

DEPARTMENT OF CORRECTIONS

PAGE 1 OF 1INCIDENT LOG NUMBER 00170
SVSP-FDP-05-01-017

NAME: LAST PATINO		FIRST L.		MI M	DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55
POST # 342492	POSITION FAC D 2 Yard	YEARS OF SERVICE 1 YR. 10 MO.	DATE OF REPORT 01/07/05		LOCATION OF INCIDENT FAC D Program	
RDO's T/W	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT willfully resisting a p/o with use of physical force				CCR SECTION / RULE 3005 (b) <input type="checkbox"/> N/A

YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY	5	LT. HUGHES		JONES K-09065 (S)	
<input checked="" type="checkbox"/> RESPONDER	5	SGT. L WASHINGTON			
<input type="checkbox"/> WITNESS	5	C/O L. PATINO			
<input type="checkbox"/> VICTIM	5	C/O G. MERCADO			
<input type="checkbox"/> CAMERA					
FORCE USED BY YOU		WEAPONS USED BY YOU		SHOTS FIRED BY YOU	
<input type="checkbox"/> WEAPON		<input type="checkbox"/> MINI-14	CHEM. TYPE:	TYPE: NO: NO:	
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 9 MM	<input type="checkbox"/> OC	37 MM	9 MM
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 38 CAL	<input type="checkbox"/> CN	L8	38 CAL
FORCE OBSERVED BY YOU		<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> CS	40 MM	MINI-14
<input type="checkbox"/> WEAPON		<input type="checkbox"/> 37 MM	<input type="checkbox"/> OTHER:	40 MULTI	
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> L8	<input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 40 MM			
		<input type="checkbox"/> HFWS		SHOTGUN	<input checked="" type="checkbox"/> N/A
		<input type="checkbox"/> BATON			
EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION		EVIDENCE DISPOSITION		BIO HAZARD
<input type="checkbox"/> YES					<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED	
<input type="checkbox"/> YES			<input type="checkbox"/> BODILY	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES	
			<input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> NO	

NARRATIVE:

On Friday January 7, 2005, at approximately 1555 hours while performing my duties as Facility D 2 Yard Officer I was instructed by Sgt. L. Washington to escort inmate Jones to facility D, building 5, cell 115 without any further incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>L. Patino</i>	TITLE C/O	BADGE # 66674	ID # 2862805	DATE 1/7/05
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <i>L. Washington Jr. Sgt. Washington</i>	DATE RECEIVED 1-7-05	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 1-7-05

Distribution: Original: Incident Package Copy: Reporting Employee Copy: Reviewing Supervisor

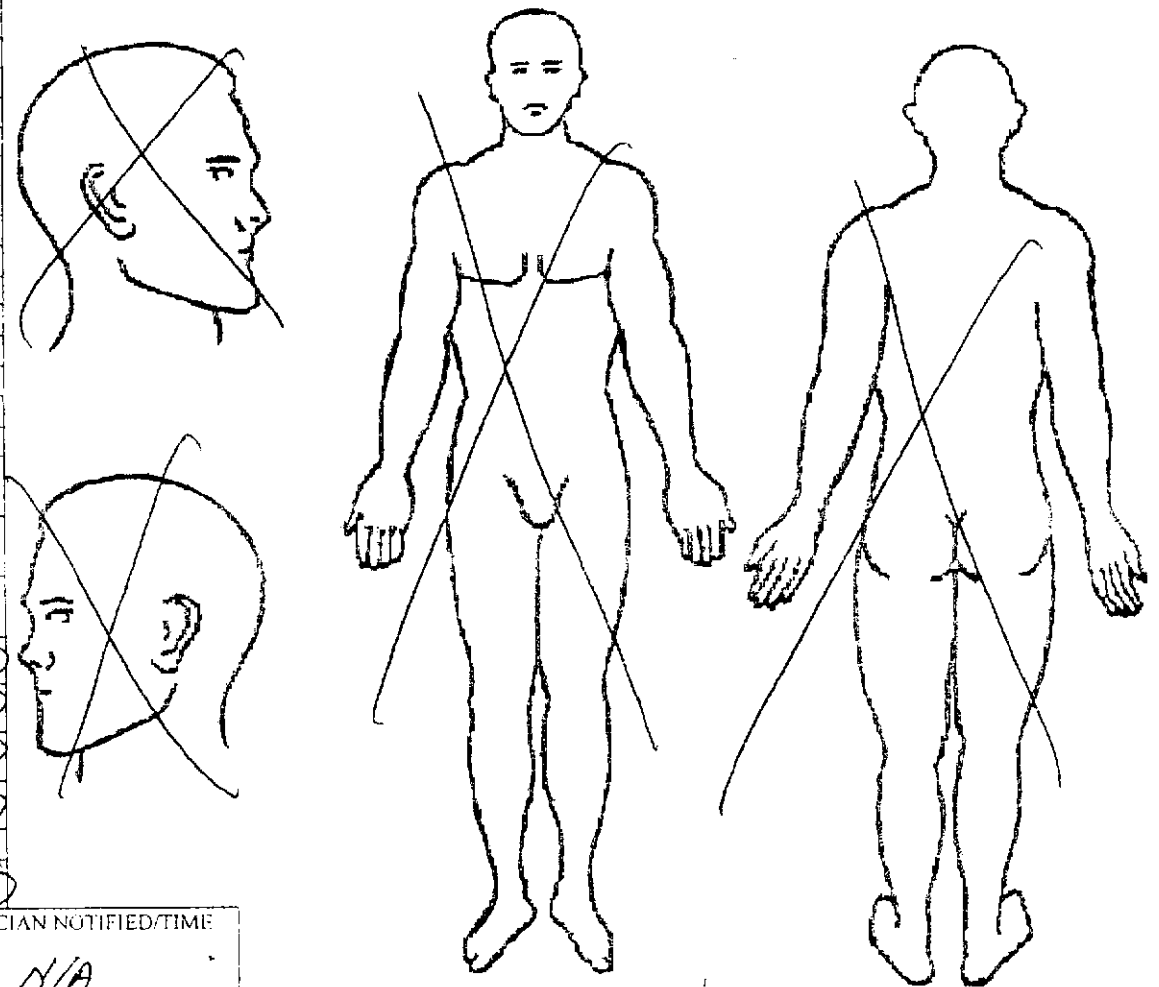
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTION

MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

NAME OF INSTP		FACILITY/UNIT		REASON FOR REPORT (circle)		ON THE JOB INJURY		DATE	
SKSP		Dyad		UNUSUAL OCCURRENCE		PRE AD/SEG ADMISSION		1/7/05	
THIS SECTION FOR INMATE ONLY		NAME LAST		FIRST		CDC NUMBER		HOUSING LOC	
		Jones		Malik		K09065			
THIS SECTION FOR STAFF ONLY		NAME LAST		FIRST		BADGE #		RANK/CLASS	
THIS SECTION FOR VISITOR ONLY		NAME LAST		FIRST		MIDDLE		DOB	
		HOME ADDRESS		CITY		STATE		ZIP	
PLACE OF OCCURRENCE		DATE/TIME OF OCCURRENCE		NAME OF WITNESS(ES)					
Dyad		1/7/05 1905							
TIME NOTIFIED	TIME SEEN	DESCRIBED BY	MODE OF ARRIVAL (circle)	LITTER	WHEELCHAIR	AGE	RACE	SEX	
1900	1905		AMBULATORY	ON SITE		26	A	M	
BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE									
"No statement"									

INJURIES FOUND?	YES/NO
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Swollen Area	16
Other	17
	18
	19
O.C. SPRAY EXPOSURE?	YES/NO
DECONTAMINATED?	YES/NO
Self-decontamination instructions given?	YES/NO
Refused decontamination?	YES/NO
Q 15 min. checks	
Staff issued exposure packet?	YES/NO



RN NOTIFIED/TIME	PHYSICIAN NOTIFIED/TIME
N/A	N/A
TIME/DISPOSITION	
1905	

REPORT COMPLETED BY/TITLE (PRINT AND SIGN)	BADGE #	RDOs
CF Hopkins	2663455	T/N

(Medical data is to be included in progress note or emergency care record filed in UHR)

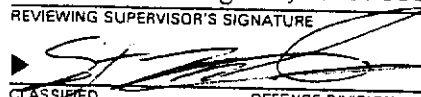
804 to Records: _____ Date: _____
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIVE

RULES VIOLATION REPORT

CDC NUMBER K-09065	INMATE'S NAME JONES	RELEASE/BOARD DATE	INST. SVSP	HOUSING NO. D5-115	LOG NO. FD-05-01-
VIOLATED RULE NO(S). CCR §3005(b)		SPECIFIC ACTS Willfully Obstructing A Peace Officer	LOCATION "D" PROGRAM	DATE 01/07/05	TIME 1555 hours

On January 7, 2005, at approximately 1555 hours, I gave Inmate JONES (K-09065, D5-115), a direct order to hand over the earring he had secreted in his left nostril area. I explained to JONES that earrings are considered contraband at Salinas Valley State Prison, JONES refused this order by stating, "NO", "give me a receipt first." It was explained to JONES that a receipt would be forthcoming as soon as he relinquished the earring. At this time, I had my right hand out in front of JONES awaiting the placement of the earring. I gave JONES several more orders to hand over the earring with negative results. JONES suddenly with a very quick motion, utilized his right hand and reached into his right jacket pocket. Fearing for the safety of staff and myself and not sure of what JONES was reaching for, I utilized my right hand and grabbed his left wrist and my left hand to maintain control of his left hand. At the same instance, JONES removed his right hand from his jacket pocket. JONES right hand was closed obstructing my ability to see the inner part of his right hand. JONES then placed his right hand near his mouth as if he placed something within his mouth. At this time, I released JONES left hand and wrist. JONES then reached for the earring with his right hand and placed his right hand to his mouth area and stated, "I swallowed it." Jones is aware of this report and it's specific charges. There was no use of force other than physical force utilized as a result of this incident. This completes my report. Inmate JONES is a participant in the Mental Health Delivery Services System at the CCMS level of care.

REPORTING EMPLOYEE (Typed Name and Signature) L. Washington, Correctional Sergeant		DATE	ASSIGNMENT D1 & D2 Sergeant	RDO'S S/S
REVIEWING SUPERVISOR'S SIGNATURE 		DATE 1/12/05	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: D	DATE 1-12-05	CLASSIFIED BY (Typed Name and Signature) 2286 LA Hughes	
COPIES GIVEN INMATE BEFORE HEARING			HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/>	
<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE)	DATE	TIME	TITLE OF SUPPLEMENT
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER FD-05-01-0017	BY: (STAFF'S SIGNATURE)	DATE	TIME	BY: (STAFF'S SIGNATURE)
HEARING		DATE	TIME	

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)

SIGNATURE		DATE	TIME
REVIEWED BY: (SIGNATURE)	DATE	CHIEF DISCIPLINARY OFFICER'S SIGNATURE	DATE
BY: (STAFF'S SIGNATURE)		DATE	TIME
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING		DATE	TIME

CDC 115 (7/88)

STATE OF CALIFORNIA

CRIME / INCIDENT REPORT
PART A1 - SUPPLEMENT
 CDC 837-A1 (09/03)

PAGE <u>2</u> OF <u>2</u>	INCIDENT LOG NUMBER SVP-FDP-05-01-0017
INSTITUTION SVSP	FACILITY D
DATE OF INCIDENT 01/07/05	TIME OF INCIDENT 15:55

TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT
 ☐ SUPPLEMENTAL INFORMATION
 ☐ AMENDED INFORMATION
 ☐ CLOSURE REPORT
NARRATIVE:

On Friday, January 07, 2004, at approximately 15:55 hours in the Facility "D" Program Office, Sergeant T. Richardson was conducting an interview with Inmate JONES (K-09065, D5-115) (Disability Displacement Wheelchair) relative to housing. Sergeant L. Washington was present and noticed Inmate JONES wearing a ring (pierced) in his nose. Sergeant Washington then issued a direct verbal order for Inmate JONES to relinquish the ring. Inmate JONES refused to comply and stated that he wanted a receipt first. Inmate JONES then quickly utilized his right hand to reach into his right jacket pocket. Uncertain of Inmate JONES motive, Sergeant Washington grasped and maintained control of Inmate JONES left wrist. Inmate JONES then utilized his right hand to remove the ring from his left nostril and placed the ring in his mouth and swallowed it. Sergeant Washington then relinquished control of Inmate JONES left hand. Inmate JONES was then medically evaluated/examined and subsequently escorted to his assigned cell without incident.

Suspect(s): Inmate JONES (K-09065, D5-115).

Victim(s): N/A.

Use of Force: Sergeant L. Washington utilized physical force.

Escort: Officer's G. Mercado and L. Patino escorted JONES from Facility "D" Program Office to JONES assigned cell (D5-115).

Video Tape: N/A.

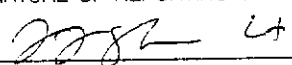
Crime Scene/Evidence: N/A.

Medical Mental Health Evaluation(s)/Treatment: Licensed Vocational Nurse C.F. Hopkins performed a medical evaluation/examination and completed a CDC-7219 medical report on JONES, "No injuries." MHSDS: CCCMS level of care.

Conclusion: JONES will be issued a Serious RVR (CDC-115) for the violation of CCR 3005(b), specifically, "Willfully Obstructing a Peace Officer", a Division "D(6)" offense.

Notifications: This incident will be not referred to the Monterey County District Attorney's office, as it will be best handled on the Administrative level. All appropriate Administrative Staff was notified of this incident. You will be apprised of any further developments in this matter via supplemental reports.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TYPE) J. J. Hughes	TITLE Lt	ID # 286976	BADGE # 49316
SIGNATURE OF REPORTING STAFF 	PHONE EXT. (INCIDENT SITE) 6702	DATE 01/08/05	
NAME OF WARDEN / AOD (PRINT/SIGN) Lumaw, J FC(A)	TITLE FC(A)	DATE 1/8/05	

FORNIA

DEPARTMENT OF CORRECTIONS

INCIDENT REPORT CDC 837-A (Rev. 09/03)

PAGE 1 OF 2

INCIDENT LOG NUMBER

SVP-FDP-05-01-0017

INCIDENT DATE

01/07/05

INCIDENT TIME

15:55

INSTITUTION SVSP	FACILITY D	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV	INCIDENT SITE FACILITY D	LOCATION PROGRAM OFFICE	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> PHU <input type="checkbox"/> SNY <input checked="" type="checkbox"/> GP <input type="checkbox"/> CTC <input type="checkbox"/> RC SEG. YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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SPECIFIC CRIME / INCIDENT

OBSTRUCTING A PEACE OFFICER/ USE OF PHYSICAL FORCE

☒ CCR ☐ PC ☐ N/A

NUMBER/SUBSECTION: 3005 (B)

D. A. REFERRAL ELIGIBLE

☐ YES ☒ NO

SERT ACTIVATED

☐ YES ☒ NO

NMT ACTIVATED

☐ YES ☒ NO

MUTUAL AID REQUEST

☐ YES ☒ NO

PIO/AA NOTIFIED

☒ YES ☐ NO

RELATED INFORMATION (CHECK ALL THAT APPLY)

DEATH	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> EXECUTION <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OVERDOSE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ON INMATE <input type="checkbox"/> ON STAFF <input type="checkbox"/> ON VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BEATING <input type="checkbox"/> SPEARING <input type="checkbox"/> GASSING <input type="checkbox"/> STABBING <input type="checkbox"/> POISONING <input type="checkbox"/> STRANGLING <input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER: <input type="checkbox"/> SHOOTING <input checked="" type="checkbox"/> N/A <input type="checkbox"/> SLASHING

SERIOUS INJURY	INMATE WEAPONS	SHOTS FIRED / TYPE WEAPON / FORCE
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	TYPE: <input type="checkbox"/> COMMERCIAL WEAPON <input type="checkbox"/> INMATE MANUFACTURED WEAPON <input checked="" type="checkbox"/> N/A	WEAPON: <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40MM MULTI <input type="checkbox"/> HFWRs FORCE: <input type="checkbox"/> SIDE-HANDLE BATON <input checked="" type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X10 <input type="checkbox"/> OTHER: WARNING # EFFECT # TYPE: NO: BATON ROUND: <input type="checkbox"/> WOOD <input type="checkbox"/> RUBBER <input type="checkbox"/> FOAM STINGER: <input type="checkbox"/> .32 (A) <input type="checkbox"/> .60 (B) EXACT IMPACT: <input type="checkbox"/> CTS 4557 <input type="checkbox"/> XM 1006 CHEMICAL: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input checked="" type="checkbox"/> N/A
ESCAPES		
<input type="checkbox"/> W / FORCE <input type="checkbox"/> W/O FORCE <input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> N/A		

CONTROLLED SUBSTANCE / WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY
<input type="checkbox"/> POSITIVE UA <input type="checkbox"/> CONTROLLED MEDS <input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> WITHOUT PACKAGING PRELIMINARY LAB <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITURATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA/THC <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input type="checkbox"/> STATE OF EMERGENCY IF YES, LIST AFFECTED PROGRAMS: <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> WEATHER <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> EXPLOSION <input type="checkbox"/> ARREST <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER: <input type="checkbox"/> GANG/DISRUPTIVE GROUP <input type="checkbox"/> HOSTAGE <input type="checkbox"/> INMATE STRIKE <input type="checkbox"/> MAJOR DISTURBANCE <input type="checkbox"/> MAJOR POWER OUTAGE <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PUBLIC DEMONSTRATION <input type="checkbox"/> SPECIAL INTEREST I/M <input checked="" type="checkbox"/> N/A

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

On Friday, January 07, 2004, at approximately 15:55 hours in Facility "D" Program Office, Inmate JONES (K-09065, D5-115), committed an act of "Willfully Obstructing a Peace Officer" Necessitating Staff Use of Force - Physical.

COMPLETE SYNOPSIS / SUMMARY ON PART A1

NAME OF REPORTING STAFF (PRINT/TYPE) J. J. Hughes	TITLE Lt	ID # 286976	BADGE # 49316
SIGNATURE OF REPORTING STAFF <i>J. J. Hughes</i>	PHONE EXT. (INCIDENT SITE) 6702	DATE 01/08/05	
NAME OF WARDEN / AOD (PRINT/SIGN) Lumina, J. F(A)	TITLE F(A)	DATE 1/8/05	

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

OFFICE OF THE OMBUDSMAN

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



August 30, 2006

Malik Jones, CDC K09065
High Desert State Prison
P.O. Box 3030
Susanville, CA 96127

Dear Mr. Jones,

This is in response to your letter dated August 1, 2006, alleging you were forced to transfer to High Desert State Prison (HDSP), Officer Bailey mistreated you, you have not received x-rays that were ordered, and your property is missing. You wrote that you used the appeal process without results.

California Code of Regulations (CCR), Title 15, Article 8, Section 3084.1 (a) affords you the right to appeal any departmental decision, action, condition or policy that you can demonstrate as having an adverse effect upon you welfare. CCR, Section 3084.2 explains you are to use a CDC Form 602 (rev. 12-87), Inmate/Parolee Appeal Form, to describe the problem, action requested, and forward it to the appeals coordinator. Appeal time limits, which are in working days, are indicated in CCR, Section 3084.6 and begin when the appeals office receives the document. There are four levels of appeals as indicated in CCR Section 3084.5 Levels of Appeal Review and Disposition.

I spoke with the appeals staff at High Desert State Prison. Your appeal related to your transfer was denied on June 27, 2006. If you were not satisfied with you should have appealed to the next level. Your appeal related to x-ray was assigned on August 28, 2006. The property appeal was screened out August 11, 2006 to time constraints. The appeal regarding a staff issue has been received and is being reviewed.

Based to the information provided to this office, it appears that you have not exhausted all of your appeal remedies. This letter does not extend your window to appeal the matters described in your letter. This letter is not meant to prohibit or discourage you from taking any other action you feel appropriate on this matter.

Sincerely,

A handwritten signature in cursive script that reads "Ralyn Conner".

RALYN CONNER
Ombudsman

cc: file

